| Fill in this information to identify your case: |                               | 13-3753666                        |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| EASTERN DISTRICT OF NEW YORK                    |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

B 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself  |   |   |
|-----|---|---|---|
|     |   | About Debtor 1:                                     | About Debtor 2 (Spouse Only in a Joint Case):       |
| 1.  | Your full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | First name  | Angeline First name                                 |
|     | license or passport).   | Middle name   | Middle name   |
|     | Bring your picture identification to your meeting with the trustee.   | Napolitano Last name and Suffix (Sr., Jr., II, III) | Napolitano Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years   |   |   |
|     | Include your married or maiden names.   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2840   | xxx-xx-9804   |

|    | otor 1 Francis Napolitan<br>Otor 2 Angeline Napolita  |  | Case number (if known)  |
|----|---|--|---|
|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.   | ■ I have not used any business name or EINs.  |
|    | Include trade names and doing business as names   | Business name(s)   | Business name(s)  |
|    |   | EINs   | EINs  |
| 5. | Where you live  | 40 E - 4 B - 1 - 1   | If Debtor 2 lives at a different address:   |
|    |   | 16 East Raleigh Staten Island, NY 10310 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code  |
|    |   | Richmond<br>County   | County  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code   | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6. | Why you are choosing this district to file for bankruptcy   | <ul> <li>Check one:</li> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> <li>I have another reason.         Explain. (See 28 U.S.C. § 1408.)     </li> </ul> | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |   |  |   |

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|     | otor 1<br>otor 2 | Francis Napolitano Angeline Napolita                      |               |                          |   |   | Case number (if known)  |             |
|-----|------------------|---|---------------|--------------------------|---|---|---|-------------|
|     |                  |   |               |                          |   |   |   |             |
| Par | t 2:             | Tell the Court About                                      | our Bank      | ruptcy C                 | ase   |   |   |             |
| 7.  | Bank             | chapter of the  |               |                          |   | nch, see <i>Notice Required b</i> e 1 and check the appropria | y 11 U.S.C. § 342(b) for Individuals Filing for Bank<br>ate box.  | ruptcy      |
|     | cnoc             | sing to file under  | ■ Chap        | ter 7                    |   |   |   |             |
|     |                  |   | ☐ Chap        | ter 11                   |   |   |   |             |
|     |                  |   | ☐ Chap        | ter 12                   |   |   |   |             |
|     |                  |   | ☐ Chap        | ter 13                   |   |   |   |             |
|     |                  |   |               |                          |   |   |   |             |
| 8.  | How              | you will pay the fee                                      | ab<br>ord     | out how y<br>der. If you | ou may pay. Typically                               | , if you are paying the fee y                                 | eck with the clerk's office in your local court for mo<br>yourself, you may pay with cash, cashier's check, on half, your attorney may pay with a credit card or cl | or money    |
|     |                  |   |               |                          |   |   | tion, sign and attach the Application for Individuals   | to Pay      |
|     |                  |   |               | _                        | ee in Installments (Of                              | •   | on only if you are filing for Chapter 7. By law, a juc  | dae may     |
|     |                  |   | bu            | t is not red             | quired to, waive your t                             | ee, and may do so only if y                                   | our income is less than 150% of the official pover  | ty line     |
|     |                  |   |               |                          |   |   | fee in installments). If you choose this option, you (Official Form 103B) and file it with your petition.   | ı must fill |
|     |                  |   |               |                          |   |   |   |             |
| 9.  | Have             | you filed for   | ■ No.         |                          |   |   |   |             |
|     |                  | ruptcy within the 3 years?                                | ☐ Yes.        |                          |   |   |   |             |
|     | iast             | years:  | □ 165.        | District                 |   | When  | Case number   |             |
|     |                  |   |               | District                 | -   | When  | Case number   |             |
|     |                  |   |               | District                 |   | When  | Case number   |             |
|     |                  |   |               | 2.000                    |   |   |   |             |
| 10. |                  | nny bankruptcy  | ■ No          |                          |   |   |   |             |
|     |                  | s pending or being<br>by a spouse who is                  | ☐ Yes.        |                          |   |   |   |             |
|     | not f<br>you,    | iling this case with<br>or by a business<br>ner, or by an | <b>—</b> 103. |                          |   |   |   |             |
|     |                  |   |               | Debtor                   |   |   | Relationship to you   |             |
|     |                  |   |               | District                 |   | When  | Case number, if known   |             |
|     |                  |   |               | Debtor                   |   |   | Relationship to you   |             |
|     |                  |   |               | District                 |   | When  | Case number, if known   |             |
|     |                  |   |               |                          |   |   |   |             |
| 11. | -                | ou rent your<br>lence?                                    | ■ No.         | Go to                    | line 12.  |   |   |             |
|     |                  |   | ☐ Yes.        | Has y                    | our landlord obtained                               | an eviction judgment agair                                    | st you and do you want to stay in your residence?   |             |
|     |                  |   |               |                          | No. Go to line 12.                                  |   |   |             |
|     |                  |   |               |                          | Yes. Fill out <i>Initial</i> S bankruptcy petition. | Statement About an Eviction                                   | n Judgment Against You (Form 101A) and file it wi   | th this     |
|     |                  |   |               |                          |   |   |   |             |

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| Debt<br>Debt |                                    | Francis Napolitano Angeline Napolita   |                        |  |   | Case number (if known)  |  |  |  |
|--------------|------------------------------------|--|------------------------|--|---|---|--|--|--|
|              |                                    |  |                        |  |   |   |  |  |  |
| Part         | 3:                                 | Report About Any Bus   | sinesses `             | You Own  | as a Sole Proprie   | tor   |  |  |  |
| 12.          | of an                              | ou a sole proprietor<br>y full- or part-time<br>ness?  | ■ No.                  | Go to  | Part 4.   |   |  |  |  |
|              | buo                                |  | ☐ Yes.                 | Name   | and location of bus   | siness  |  |  |  |
|              | busin<br>an ind<br>separ<br>as a d | e proprietorship is a<br>ess you operate as<br>dividual, and is not a<br>rate legal entity such<br>corporation,<br>ership, or LLC. |                        | Name   | of business, if any   |   |  |  |  |
|              | If you sole p                      | have more than one proprietorship, use a   |                        | Numb   | er, Street, City, Sta   | te & ZIP Code   |  |  |  |
|              |                                    | ate sheet and attach<br>nis petition.  |                        | Check  | Health Care Busin<br>Single Asset Real<br>Stockbroker (as d   | ex to describe your business:  ness (as defined in 11 U.S.C. § 101(27A))  Estate (as defined in 11 U.S.C. § 101(51B))  efined in 11 U.S.C. § 101(53A))  er (as defined in 11 U.S.C. § 101(6)) |  |  |  |
|              |                                    |  |                        |  | None of the above   | 9   |  |  |  |
| 13.          | Chap<br>Bank                       | ou filing under<br>der 11 of the<br>ruptcy Code and are<br>a small business  | deadlines<br>operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |   |   |  |  |  |
|              |                                    | definition of small  | ■ No.                  | I am n   | ot filing under Char  | oter 11.  |  |  |  |
|              | busin                              | ess debtor, see 11<br>C. § 101(51D).   | □ No.                  | I am fi<br>Code.   | •   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|              |                                    |  | ☐ Yes.                 | I am fi  | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
| Part         | 4:                                 | Report if You Own or   | Have Any               | / Hazardo  | us Property or An   | y Property That Needs Immediate Attention   |  |  |  |
| 14.          | Do vo                              | ou own or have any   | ■ No.                  |  |   | · · ·   |  |  |  |
|              | prop                               | erty that poses or is ed to pose a threat  | ■ No.                  |  |   |   |  |  |  |
|              | of im                              | minent and ifiable hazard to c health or safety?   | □ res.                 | What is  | he hazard?  |   |  |  |  |
|              | Or do                              | o you own any<br>erty that needs<br>ediate attention?  |                        |  | iate attention is why is it needed?   |   |  |  |  |
|              | perisi<br>livest<br>or a b         | xample, do you own<br>hable goods, or<br>ock that must be fed,<br>ouilding that needs<br>at repairs?                               |                        | Where is   | the property?   | Number, Street, City, State & Zip Code  |  |  |  |

|      | or 1 Francis Napolitar or 2 Angeline Napolita   |   |   |  |  |  |   | Case number (if kno   | wn)   |                                       |   |
|------|---|---|---|--|--|--|---|---|---|---------------------------------------|---|
| art  | 5: Explain Your Efforts   | to Re   | eceive  | a Briefing Abo   | out Credit Counseling  |  |   |   |   |                                       |   |
| _    |   |   |   | ebtor 1:   |  |  |   |   | se Only in a Joint Case):   |                                       |   |
| 5.   | Tell the court whether you have received a briefing about credit counseling.  The law requires that you receive a briefing about credit counseling about credit counseling before | You   | l rec<br>cour<br>filed<br>certi   | nseling agency<br>this bankrupt<br>ficate of comp<br>ch a copy of the  | g from an approved credit within the 180 days before I cy petition, and I received a letion.  certificate and the payment developed with the agency.   | Y  |   | counseling agency<br>this bankruptcy p<br>completion.  Attach a copy of the   | ng from an approved credit<br>cy within the 180 days before I filed<br>etition, and I received a certificate of<br>e certificate and the payment plan, if<br>loped with the agency.   |                                       |   |
|      | briefing about credit counseling.  The law requires that you  | ey.<br>heck $\square$   |   |  | I rec<br>cour<br>filed   | eived a briefin<br>nseling agency<br>this bankrupt | g from an approved credit<br>within the 180 days before I<br>cy petition, but I do not have |   | ]   | I received a briefi counseling agence | ng from an approved credit<br>cy within the 180 days before I filed<br>etition, but I do not have a |
|      | If you file anyway, the court<br>can dismiss your case, you   | I   | petiti  | ion, you MUST  | file a copy of the certificate and   | 1  |   |   | er you file this bankruptcy petition, you<br>of the certificate and payment plan, if  |                                       |   |
|      | you paid, and your creditors can begin  | filed this bankruptcy petition, but I do not have a certificate of completion.  Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. | from an approved<br>those services du<br>request, and exig                        | ed for credit counseling services I agency, but was unable to obtain uring the 7 days after I made my ent circumstances merit a 30-day of the requirement.   |  |  |   |   |   |                                       |   |
| COII |   |   | To as requi what you was bank requi dissa briefi If the still r You agen deve may | sk for a 30-day irement, attach efforts you ma were unable to a cruptcy, and what ired you to file to case may be catisfied with you ing before you for ecourt is satisfied eceive a briefin must file a certificty, along with a bloped, if any. If be dismissed. | temporary waiver of the a separate sheet explaining de to obtain the briefing, why obtain it before you filed for at exigent circumstances his case.  Itsmissed if the court is reasons for not receiving a iled for bankruptcy. |  |   | attach a separate s to obtain the briefin before you filed for circumstances req Your case may be with your reasons s filed for bankruptcy If the court is satisf receive a briefing s file a certificate fro copy of the payme not do so, your cas Any extension of th | y temporary waiver of the requirement, sheet explaining what efforts you made ng, why you were unable to obtain it bankruptcy, and what exigent uired you to file this case.  dismissed if the court is dissatisfied for not receiving a briefing before you of the with your reasons, you must still within 30 days after you file. You must me the approved agency, along with a not plan you developed, if any. If you do see may be dismissed.  The 30-day deadline is granted only for dead to a maximum of 15 days. |                                       |   |
|      |   |   | l am  |  | o receive a briefing about<br>because of:  |  | ]   | I am not required counseling becau  | to receive a briefing about credit<br>se of:  |                                       |   |
|      |   |   |   | Incapacity.  | I have a mental illness or a<br>mental deficiency that makes<br>me incapable of realizing or<br>making rational decisions<br>about finances.   |  |   | ☐ Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |                                       |   |
|      |   |   |   | Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   |  |   | ☐ Disability.   | My physical disability causes me to<br>be unable to participate in a briefing<br>in person, by phone, or through the<br>internet, even after I reasonably tried<br>to do so.  |                                       |   |
|      |   |   |   | Active duty.   | I am currently on active military duty in a military combat zone.  |  |   | ☐ Active duty.  | I am currently on active military duty in a military combat zone.   |                                       |   |
|      |   |   | If you  | u haliava vou a  | e not required to receive a  |  |   | If you believe you  | are not required to receive a briefing  |                                       |   |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the

court.

about credit counseling, you must file a motion for waiver

of credit counseling with the court.

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|  |  |  |                                    |                        | Case nu         | umber (if known)                   |                   |
|--|--|--|------------------------------------|------------------------|-----------------|------------------------------------|-------------------|
| Par  | 6: Answer These Questi   | ions for Re  | porting Purposes                   |                        |                 |                                    |                   |
| 16.  | What kind of debts do you have?                                      |  |                                    |                        |                 | e defined in 11 U.S.C. § 101(8) as | s "incurred by an |
|  | •  |  | □ No. Go to line 16b.              | , <b>,</b> ,           |                 |                                    |                   |
|  |  |  | Yes. Go to line 17.                |                        |                 |                                    |                   |
|  |  |  |                                    |                        |                 |                                    |                   |
|  |  |  | ☐ No. Go to line 16c.              | -                      | •               |                                    |                   |
|  |  |  | ☐ Yes. Go to line 17.              |                        |                 |                                    |                   |
|  |  | 16c.   | State the type of debts you owe t  | hat are not consur     | mer debts or bu | isiness debts                      |                   |
| 17.  | Are you filing under<br>Chapter 7?                                   | □ No.  | am not filing under Chapter 7. G   | Go to line 18.         |                 |                                    |                   |
|  | Do you estimate that<br>after any exempt<br>property is excluded and |  |                                    |                        |                 |                                    | strative          |
| Part 6: Answer These Que  16. What kind of debts do you have?  17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded a administrative expens are paid that funds will be available for | administrative expenses  |  | No                                 |                        |                 |                                    |                   |
|  | be available for distribution to unsecured                           |  | □ Yes                              |                        |                 |                                    |                   |
| 18.  |  | <b>1</b> -49   |                                    | <b>1</b> ,000-5,000    |                 | 25,001-50,000                      |                   |
|  |  | □ 50-99  |                                    |                        |                 | ☐ 50,001-100,000                   |                   |
|  |  |  |                                    | ☐ 10,001-25,00         | JU              | ☐ More than100,000                 |                   |
| 19.  |  | □ \$0 - \$5  | 0,000                              | □ \$1,000,001 -        | \$10 million    | □ \$500,000,001 - \$1              | billion           |
|  |  |  |                                    |                        |                 | □ \$1,000,000,001 - \$             |                   |
|  |  |  |                                    |                        |                 |                                    |                   |
| 20.  | _  |  |                                    |                        |                 | □ \$500,000,001 - \$1              |                   |
|  | •  | _  |                                    |                        |                 |                                    |                   |
|  |  |  |                                    |                        |                 |                                    |                   |
| Par  | 7: Sign Below  |  |                                    |                        |                 |                                    |                   |
| For  | you  | I have exa   | mined this petition, and I declare | under penalty of p     | erjury that the | information provided is true and   | correct.          |
|  |  | Polyments of Reporting Purposes  Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) individual primarily for a personal, family, or household purpose."    No. Go to line 16b.   No. Go to line 16b.   No. Go to line 17. |                                    |                        |                 |                                    |                   |
|  |  |  |                                    |                        |                 |                                    | out this          |
|  |  | I request r  | elief in accordance with the chap  | ter of title 11, Unite | ed States Code  | e, specified in this petition.     |                   |
|  |  | bankruptc  | case can result in fines up to \$2 |                        |                 |                                    |                   |
|  |  | /s/ Franc  | is Napolitano                      |                        |                 |                                    |                   |
|  |  |  |                                    |                        |                 |                                    |                   |
|  |  | Executed   | March 11, 2016<br>MM / DD / YYYY   |                        | Executed on     | March 11, 2016<br>MM / DD / YYYY   |                   |

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| Debtor 1 Francis Napolitan  Debtor 2 Angeline Napolita                        |  | Case                            | number (if known)   |
|---|--|---------------------------------|---|
|   |  |                                 |   |
| For your attorney, if you are represented by one                              |  | ed States Code, and have ex     | nformed the debtor(s) about eligibility to proceed cplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § |
| If you are not represented by an attorney, you do not need to file this page. |  | applies, certify that I have no | o knowledge after an inquiry that the information   |
|   | /s/ Gregory A Flood                    | Date                            | March 11, 2016  |
|   | Signature of Attorney for Debtor       |                                 | MM / DD / YYYY  |
|   | Gregory A Flood                        |                                 |   |
|   | Printed name                           |                                 |   |
|   | Gregory A Flood                        |                                 |   |
|   | Firm name                              |                                 |   |
|   | 900 South Ave                          |                                 |   |
|   | Ste 300                                |                                 |   |
|   | Staten Island, NY 10314-3428           |                                 |   |
|   | Number, Street, City, State & ZIP Code |                                 |   |
|   | Contact phone (718) 568-3678           | Email address                   | floodlaw@gmail.com  |
|   |  |                                 |   |
|   | Bar number & State                     |                                 |   |
|   |  |                                 |   |

| Fill               | I in this information to identify your case:  |                | 13-3753666                    |
|--------------------|---|----------------|-------------------------------|
| Del                | btor 1 Francis Napolitano   |                |                               |
| Del                | First Name Middle Name Last Name btor 2 Angeline Napolitano   |                |                               |
|                    | buse if, filing) First Name Middle Name Last Name   |                |                               |
| Uni                | ited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK  |                |                               |
|                    | se number   | _              | k if this is an<br>ded filing |
|                    |   | <b></b>        | g                             |
| ∩f                 | ficial Form 106Sum  |                |                               |
|                    | ımmary of Your Assets and Liabilities and Certain Statistical Informatio  | n              | 12/15                         |
| 3e a<br>nfo<br>/ou | as complete and accurate as possible. If two married people are filing together, both are equally responsible remation. Fill out all of your schedules first; then complete the information on this form. If you are filing among remaining to remaining the second remaining that the top of this page.  | le for supplyi |                               |
| Га                 | tit. Sullillarize Tour Assets   |                |                               |
|                    |   | Your a         | ssets<br>of what you own      |
| 1.                 | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$             | 472,000.00                    |
|                    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$             | 17,155.00                     |
|                    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$             | 489,155.00                    |
| Pai                | rt 2: Summarize Your Liabilities  |                |                               |
|                    |   | Your I         | abilities                     |
|                    |   | Amour          | nt you owe                    |
| 2.                 | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule   | D \$           | 198,184.00                    |
| 3.                 | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$             | 0.00                          |
|                    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$             | 95,917.00                     |
|                    | Your total liabilit   | ies \$         | 294,101.00                    |
| Pai                | rt 3: Summarize Your Income and Expenses  |                |                               |
| 4.                 | Schedule I: Your Income (Official Form 106I)  |                |                               |
|                    | Copy your combined monthly income from line 12 of Schedule I  | \$             | 5,870.79                      |
| 5.                 | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$             | 5,822.00                      |
| Pai                | rt 4: Answer These Questions for Administrative and Statistical Records   |                |                               |
| 6.                 | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with | h your other s | chedules.                     |
| 7.                 | ■ Yes What kind of debt do you have?  |                |                               |
|                    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.   | for a persona  | I, family, or                 |
|                    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the court with your other schedules.  | this box and   | submit this form to           |

Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106Sum

page 1 of 2

| Debtor |   | Case number (if known) | Official Form |          |
|--------|---|------------------------|---------------|----------|
|        | rom the Statement of Your Current Monthly Income: Co<br>22A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 |                        | \$            | 6,549.00 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m        |
|--|------------|----------|
| From Part 4 on Schedule E/F, copy the following:   |            |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$         | 3,399.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 3,399.00 |

|                     | ormation to identify           |                       |  |   |                        |  |           | 13-3753660                        |
|---------------------|--------------------------------|-----------------------|--|---|------------------------|--|-----------|-----------------------------------|
| Debtor 1            | Francis Nap                    |                       | e Name                                 | Last Name   |                        |  |           |                                   |
| Debtor 2            | Angeline Na                    | politano              |  |   |                        |  |           |                                   |
| (Spouse, if filing) | First Name                     | Middle                | e Name                                 | Last Name   |                        |  |           |                                   |
| United States       | Bankruptcy Court for           | the: EASTERN          | DISTRI                                 | CT OF NEW YORK  |                        |  |           |                                   |
| Case number         |                                |                       |  |   |                        |  |           | Check if this is an               |
|                     |                                |                       |  |   |                        |  | _         | amended filing                    |
|                     |                                |                       |  |   |                        |  |           |                                   |
| Official F          | orm 106A/E                     | 3                     |  |   |                        |  |           |                                   |
|                     | ıle A/B: Pr                    | _                     |  |   |                        |  |           | 12/15                             |
|                     |                                |                       | n asset c                              | only once. If an asset fits                           | in more than one ca    | tenory list the asset in t                         | the cate  |                                   |
| fits best. Be a     | s complete and accura          | te as possible. If tw | o marrie                               | d people are filing togethe                           | er, both are equally r | esponsible for supplyin                            | ng corre  | ect information. If               |
| <u> </u>            | •                              |                       |  | top of any additional page                            | •                      | and case number (if kno                            | own). A   | inswer every questio              |
| Part 1: Descri      | be Each Residence, Bu          | ıilding, Land, or Otl | her Real I                             | Estate You Own or Have a                              | ın Interest In         |  |           |                                   |
| . Do you own o      | r have any legal or equ        | itable interest in a  | ny reside                              | nce, building, land, or sim                           | ilar property?         |  |           |                                   |
| ☐ No. Go to F       | Part 2                         |                       |  |   |                        |  |           |                                   |
| _                   | re is the property?            |                       |  |   |                        |  |           |                                   |
| ■ res. wher         | e is the property?             |                       |  |   |                        |  |           |                                   |
|                     |                                |                       |  |   |                        |  |           |                                   |
| 1.1                 |                                |                       | What                                   | is the property? Check all                            | that apply.            |  |           |                                   |
| 16 East             | Raleigh Ave                    |                       |  | Single-family home                                    |                        | Do not deduct secured of                           | claims c  | or exemptions. Put the            |
| Street addre        | ss, if available, or other des | cription              |  | Duplex or multi-unit buildi                           | na                     | amount of any secured of<br>Creditors Who Have Cla | claims c  | on Schedule D:                    |
|                     |                                |                       |  | Condominium or coopera                                | _                      | Creditors who have on                              | aiiris oc | cured by 1 Toperty.               |
|                     |                                |                       |  | Manufactured or mobile h                              |                        |  |           |                                   |
| Staten I            | sland NY                       | 10310-0000            | _                                      | Land  | ome                    | Current value of the entire property?              |           | rrent value of the rtion you own? |
| City                | State                          | ZIP Code              |  | Investment property                                   |                        | \$472,000.00                                       | -         | \$472,000.00                      |
|                     |                                |                       |  | Timeshare   |                        |  |           |                                   |
|                     |                                |                       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Other   | t- 2 Ob l-             | Describe the nature of (such as fee simple, te     |           |                                   |
|                     |                                |                       | one.                                   | has an interest in the prop                           | berty? Check           | a life estate), if known.                          |           | by the entireties, or             |
|                     |                                |                       |  | Debtor 1 only   |                        | Fee simple   |           |                                   |
| Richmo              | nd                             |                       |  | Debtor 2 only   |                        |  |           |                                   |
| County              |                                |                       | _                                      | Debtor 1 and Debtor 2 on                              | •                      | Check if this is co                                | mmuni     | ity property                      |
|                     |                                |                       | Othor                                  | At least one of the debtors information you wish to a |                        | (see instructions)                                 |           |                                   |
|                     |                                |                       |  | erty identification number                            | -                      |  |           |                                   |
|                     |                                |                       |  | •   |                        | d, New York  |           |                                   |
|                     |                                |                       |  |   | 10310                  |  |           |                                   |
|                     |                                |                       |  |   |                        |  |           |                                   |
|                     |                                |                       |  |   | FMV:                   | \$472,000  |           |                                   |
|                     |                                |                       |  |   | PO:                    | \$185,779  |           |                                   |
|                     |                                |                       |  |   | 10.                    | ψ105,775   |           |                                   |
|                     |                                |                       |  |   | Difference:            | \$286,221  |           |                                   |
|                     |                                |                       |  |   | Dillerence.            |  |           |                                   |
|                     |                                |                       |  |   | Homestead              | : \$331,100  |           |                                   |
|                     |                                |                       |  |   |                        | \$331,100<br>\$-44,879                             | _         |                                   |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 2 Francis Napolita  Angeline Napoli  |  | se number (if known)                                 |   |
|---|--|--|---|
| Part 2: Describe Your Vehicles  |  |  |   |
|   | gal or equitable interest in any vehicles, whether they are registed a vehicle, also report it on Schedule G: Executory Contracts and the second seco |  | vehicles you own that   |
| Cars, vans, trucks, tractors,   | , sport utility vehicles, motorcycles  | ,  |   |
| □ No  |  |  |   |
| ■ Yes   |  |  |   |
| _ 103   |  |  |   |
| 3.1 Make:   | Who has an interest in the property? Check one.  | Do not deduct secured cl                             |   |
| Model:  | Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clair | ed claims on Schedule D:<br>ims Secured by Property.                              |
| Year:   | ■ Debtor 2 only  |  |   |
| Approximate mileage:  | Debtor 1 and Debtor 2 only   | Current value of the<br>entire property?             | Current value of the<br>portion you own?  |
| Other information:  | ☐ At least one of the debtors and another  |  |   |
| 2003 Chevy Tahoe  |  | <b>**</b>  | <b>4</b>  |
|   | Check if this is community property (see instructions)   | \$3,425.00   | \$3,425.00  |
| 3.2 Make: Victory   | Who has an interest in the property? Check one.  | Do not deduct secured cl                             |   |
| Model: Jackot   | ■ Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clair | ed claims on Schedule D:<br>ims Secured by Property.                              |
| Year: <b>2006</b>   | Debtor 2 only  | Current value of the                                 | Current value of the  |
| Approximate mileage:  | □ Debtor 1 and Debtor 2 only   | entire property?                                     | portion you own?  |
| Other information:  | ☐ At least one of the debtors and another  |  |   |
| 2006 Victory Jackot   | <u>_</u>   | <b>#C 020 00</b>                                     | ¢c 020 00   |
|   | Check if this is community property (see instructions)   | \$6,030.00   | \$6,030.00  |
| ■ No □ Yes  5 Add the dollar value of the   | portion you own for all of your entries from Part 2, including a   | ny entries for                                       | \$9,455.00  |
| pages you have attached fo  | or Part 2. Write that number here  | =>   | <del>\$3,433.00</del>   |
| Part 3: Describe Your Personal a  |  |  | Comment value of the  |
| Do you own or nave any legal  | or equitable interest in any of the following items?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <ul> <li>Household goods and furni<br/>Examples: Major appliances,</li> <li>No</li> </ul> | shings<br>furniture, linens, china, kitchenware  |  | cialing of exemptions.  |
| Yes. Describe   |  |  |   |
|   | sed furniture  |  | \$3,500.00  |
| including cell pho  | adios; audio, video, stereo, and digital equipment; computers, printenes, cameras, media players, games  | ers, scanners; music collec                          | tions; electronic devices   |
| ☐ Yes. Describe   |  |  |   |
|   | rines; paintings, prints, or other artwork; books, pictures, or other ar memorabilia, collectibles   | t objects; stamp, coin, or b                         | aseball card collections  |
| ■ No  |  |  |   |

Official Form 106A/B Schedule A/B: Property page 2

|    | ebtor 1<br>ebtor 2 |   |  | Case number (if kr                | nown)  |
|----|--------------------|---|--|-----------------------------------|--|
|    | ☐ Yes.             | Describe  |  |                                   |  |
| 9. | Example  No        | es. Describe  pment for sports and hobbies mysles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cances musical instruments  es. Describe  sams  samples: Eyenyday clothes, furs, leather coats, designer wear, shoes, accessories on es. Describe  thes amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories on es. Describe  Used clothes  Used clothes  Used clothes  Jewelry - wife  velry - wife  velry - wife  pescribe Dogs, cats, birds, horses on es. Describe  Jewelry - wife |  | noes and kayaks; carpentry tools; |  |
| 40 |                    |   |  |                                   |  |
| 10 | Examp ■ No         | oles: Pistols, rifle  | es, shotguns, ammunition, and related equipment            |                                   |  |
| 44 |                    |   |  |                                   |  |
| 11 | □ No               | oles: Everyday o  | lothes, furs, leather coats, designer wear, shoes, accesso | ories                             |  |
|    | ■ Yes.             | Describe  | Used clothes   |                                   | \$500.00   |
|    |                    |   | Used clothes - wife  |                                   | \$2,000.00   |
|    | □ No               |   |  | s, heirloom jewelry, watches, g   | ems, gold, silver  |
| 13 | Examp<br>■ No      | oles: Dogs, cats  | birds, horses  |                                   |  |
| 14 | ■ No               | -   |  | any health aids you did not       | ist  |
| 1  |                    |   |  |                                   | \$6,750.00   |
|    |                    |   |  |                                   |  |
| D  | o you ow           | n or have any   | legal or equitable interest in any of the following?       |                                   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16 | □ No               |   |  | and on hand when you file you     | petition   |
|    | <b>—</b> 103       |   |  | Cash                              | \$50.00  |
|    |                    |   |  |                                   | \$600.00   |
| 17 |                    | oles: Checking,   |  |                                   | erage houses, and other similar  |
|    | □ No<br>■ Yes      |   | Institution name:  | ot Gauli.                         |  |

Official Form 106A/B Schedule A/B: Property

page 3

| Debtor 1<br>Debtor 2      | Francis Napolitano Angeline Napolitano   | Case number (if know  | n)  |
|---------------------------|--|---|---|
|                           | 17.1.  | Sovereign - Checking  | \$300.00                                    |
| Exam                      | s, mutual funds, or publicly traded stoc<br>ples: Bond funds, investment accounts wi   | cks<br>ith brokerage firms, money market accounts   |   |
| ■ No<br>□ Yes             | Institution or is:   | suer name:  |   |
|                           | ublicly traded stock and interests in incoint venture  | corporated and unincorporated businesses, including an inte   | rest in an LLC, partnership,                |
|                           | Give specific information about them<br>Name of entity:  | % of ownership:   |   |
| Nego<br>Non-r<br>■ No     | tiable instruments include personal checks   | negotiable and non-negotiable instruments<br>s, cashiers' checks, promissory notes, and money orders.<br>not transfer to someone by signing or delivering them. |   |
|                           | ment or pension accounts   | 1(k), 403(b), thrift savings accounts, or other pension or profit-shar  | ing plans                                   |
| _                         | List each account separately.  Type of account:  | Institution name: Union pension   | Unknown                                     |
| Your :<br>Exam            |  | de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications com                                 | panies, or others                           |
| ■ No<br>□ Yes             |  | Institution name or individual:   |   |
| ■ No                      |  | money to you, either for life or for a number of years)   |   |
| ☐ Yes                     | lssuer name and description  | on.   |   |
|                           | its in an education IRA, in an account in .C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | n a qualified ABLE program, or under a qualified state tuition  | program.                                    |
|                           | Institution name and descri  | ription. Separately file the records of any interests.11 U.S.C. § 521   | (c):  |
| 25. <b>Trusts</b><br>■ No | s, equitable or future interests in prope  | rty (other than anything listed in line 1), and rights or powers  | exercisable for your benefit                |
| ☐ Yes                     | Give specific information about them   |   |   |
| Exam                      | ts, copyrights, trademarks, trade secret ples: Internet domain names, websites, properties of the secret ples in the secret ple | ts, and other intellectual property roceeds from royalties and licensing agreements   |   |
| ■ No<br>□ Yes             | Give specific information about them   |   |   |
| Exam<br>■ No              | ses, franchises, and other general intar ples: Building permits, exclusive licenses,  Give specific information about them   | ngibles<br>, cooperative association holdings, liquor licenses, professional lice   | enses                                       |
| Money or                  | property owed to you?  |   | Current value of the portion you own?       |
|                           |  |   | Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 4

|     | ebtor 1<br>ebtor 2 | Francis Napolita<br>Angeline Napol                    |   |                               | Case number (if known)                   |                            |
|-----|--------------------|---|---|-------------------------------|--|----------------------------|
|     | ■ No               | unds owed to you  Give specific informa               | ation about them, including                                     | whether you already filed     | the returns and the tax years            |                            |
|     | Examp  ■ No        | support  oles: Past due or lum  Give specific informa |   | pport, child support, maint   | tenance, divorce settlement, proper      | ty settlement              |
|     | Examp  ■ No        |   | disability insurance paymen<br>d loans you made to someor       |                               | c pay, vacation pay, workers' comp       | ensation, Social Security  |
|     | Interes<br>Examp   | ts in insurance pol                                   | icies   | avings account (HSA); cre     | edit, homeowner's, or renter's insura    | ance                       |
|     | ■ No<br>□ Yes.     | Name the insurance                                    | company of each policy an<br>Company name:                      | nd list its value.            | Beneficiary:                             | Surrender or refund value: |
|     | If you a someo     |   |   |                               | policy, or are currently entitled to re- | ceive property because     |
| 33. | Examp<br>■ No      |   | es, whether or not you have loyment disputes, insurance n       |                               | de a demand for payment                  |                            |
| 34. | ■ No               | contingent and unli                                   |   | nature, including counte      | erclaims of the debtor and rights        | to set off claims          |
|     | ■ No               | ancial assets you d                                   | -   |                               |  |                            |
|     | . Add t            |   | III of your entries from Par                                    |                               | es for pages you have attached           | \$950.00                   |
| Pa  | rt 5: Des          | scribe Any Business-R                                 | Related Property You Own or H                                   | Have an Interest In. List any | real estate in Part 1.                   |                            |
|     | No. Go             |   | or equitable interest in any bus                                | siness-related property?      |  |                            |
| Pa  |                    |   | Commercial Fishing-Related Fest in farmland, list it in Part 1. | Property You Own or Have a    | ın Interest In.                          |                            |
| 46. | _ `                | own or have any le                                    | egal or equitable interest i                                    | in any farm- or commerc       | cial fishing-related property?           |                            |
|     | ☐ Yes.             | Go to line 47.  |   |                               |  |                            |

Current value of the portion you own?

page 5

| Debt<br>Debt |                    | Francis Napolitano<br>Angeline Napolitano  |                    | Case number (if known)    |   |
|--------------|--------------------|--|--------------------|---------------------------|---|
|              |                    |  |                    |                           | Do not deduct secured claims or exemptions. |
| Part 7       | ?: Des             | cribe All Property You Own or Have an Interest in That You D                                     | id Not List Above  |                           |   |
|              | Examp              | have other property of any kind you did not already les: Season tickets, country club membership | ist?               |                           |   |
|              | No<br>Yes. (       | Give specific information  |                    |                           |   |
| 54.          | Add th             | ne dollar value of all of your entries from Part 7. Write  | e that number here |                           | \$0.00                                      |
| Part 8       | B: List            | the Totals of Each Part of this Form   |                    | L                         |   |
| 55.          | Part 1             | : Total real estate, line 2  |                    |                           | \$472,000.00                                |
| 56.          | Part 2             | : Total vehicles, line 5   | \$9,455.00         |                           |   |
| 57.          | Part 3             | : Total personal and household items, line 15  | \$6,750.00         |                           |   |
| 58.          | Part 4             | : Total financial assets, line 36  | \$950.00           |                           |   |
| 59.          | Part 5             | : Total business-related property, line 45   | \$0.00             |                           |   |
| 60.          | Part 6             | : Total farm- and fishing-related property, line 52  | \$0.00             |                           |   |
| 61.          | Part 7             | : Total other property not listed, line 54   | + \$0.00           |                           |   |
| 62.          | Total <sub>l</sub> | personal property. Add lines 56 through 61   | \$17,155.00        | Copy personal property to | stal \$17,155.00                            |
| 63.          | Total              | of all property on Schedule A/B. Add line 55 + line 62   |                    |                           | \$489,155.00                                |

Official Form 106A/B Schedule A/B: Property page 6

| Fil                      | II in this informa  | ation to identify your case:   |   |                        |   | 13-3753666   |
|--------------------------|---|--|---|------------------------|---|--|
| De                       | ebtor 1   | Francis Napolitano   |   |                        |   |  |
| _                        |   |  | Middle Name   | L                      | ast Name  |  |
|                          | ebtor 2<br>oouse if, filing)  | Angeline Napolitano First Name   | Middle Name   | L                      | ast Name  |  |
| Un                       | nited States Bank   | kruptcy Court for the: EAS   | TERN DISTRICT OF NE   | W Y                    | ORK   |  |
| Ca                       | ase number  |  |   |                        |   |  |
|                          | known)  |  |   |                        |   | ☐ Check if this is an amended filing   |
| O                        | fficial Fori  | m 106C   |   |                        |   |  |
|                          |   | C: The Prope   | rty You Cla   | im                     | as Exempt   | 12/15  |
| the<br>nee               | property you list   | ed on Schedule A/B: Propert  | y (Official Form 106A/B)  | as y                   | our source, list the property that you  | or supplying correct information. Using a claim as exempt. If more space is a dditional pages, write your name   |
| spe<br>any<br>fun<br>exe | ecific dollar amo<br>y applicable stat<br>ids—may be un<br>emption to a par | ount as exempt. Alternative<br>tutory limit. Some exemptio<br>limited in dollar amount. Ho | ly, you may claim the f<br>ons—such as those for<br>owever, if you claim an | ull fa<br>heal<br>exer | ir market value of the property be<br>th aids, rights to receive certain l<br>mption of 100% of fair market val | One way of doing so is to state a<br>eing exempted up to the amount of<br>penefits, and tax-exempt retirement<br>ue under a law that limits the<br>it, your exemption would be limited |
| Pa                       | art 1: Identify   | the Property You Claim as  | Exempt  |                        |   |  |
| 1.                       | Which set of e  | exemptions are you claiming  | g? Check one only, eve  | n if yo                | our spouse is filing with you.  |  |
|                          | You are clai  | ming state and federal nonba   | nkruptcy exemptions.  | 11 U.S                 | S.C. § 522(b)(3)  |  |
|                          | ☐ You are clai  | ming federal exemptions. 11  | U.S.C. § 522(b)(2)  |                        |   |  |
| 2.                       | For any prope   | rty you list on Schedule A/L   | 3 that you claim as exe   | mpt,                   | fill in the information below.  |  |
|                          |   | of the property and line on  | Current value of the  | Amo                    | ount of the exemption you claim   | Specific laws that allow exemption   |
|                          | Schedule A/B the  | at lists this property   | portion you own Copy the value from Schedule A/B                            | Che                    | eck only one box for each exemption.  |  |
|                          |   | igh Ave Staten Island,   | \$472,000.00  |                        | \$331,100.00  | NYCPLR § 5206  |
|                          | 16 East Rale  | ichmond County<br>igh Ave<br>J, New York 10310   |   |                        | 100% of fair market value, up to any applicable statutory limit   |  |
|                          | FMV:  | \$472,000  |   |                        |   |  |
|                          | PO:   | \$185,779  |   |                        |   |  |
|                          | Difference:   | \$286,221  |   |                        |   |  |
|                          | Homestead:  | \$331,100  |   |                        |   |  |
|                          | Equity:<br>Line from Sche   | <b>\$ -44</b><br>edule A/B: <b>1.1</b>   |   |                        |   |  |
|                          | 2003 Chevy  |  | \$3,425.00  |                        | \$4,000.00  | NYCPLR § 5205(a)(8)  |
|                          | LING HOLLI GOLLE  | nadio AVD. G. I  |   |                        | 100% of fair market value, up to any applicable statutory limit   |  |

Official Form 106C

2006 Victory Jackot

2006 Victory Jackot Line from Schedule A/B: 3.2

\$6,030.00

NYCPLR § 5205(a)(8)

\$4,000.00

100% of fair market value, up to any applicable statutory limit

| Debtor 1<br>Debtor 2 | Francis Napolitano<br>Angeline Napolitano   |                                      |        | Case number (if known)  |                                    |
|----------------------|---|--------------------------------------|--------|---|------------------------------------|
|                      | description of the property and line on edule A/B that lists this property  | Current value of the portion you own |        | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                      |   | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |
|                      | ed furniture<br>from Schedule A/B: 6.1  | \$3,500.00                           |        | \$3,500.00  | NYCPLR § 5205(a)(5)                |
| Line                 | Holli Schedule A.B. G.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | rd clothes<br>from Schedule A/B: 11.1   | \$500.00                             | -      | \$500.00  | NYCPLR § 5205(a)(5)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | ed clothes - wife<br>from Schedule A/B: 11.2  | \$2,000.00                           |        | \$2,000.00  | NYCPLR § 5205(a)(5)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | velry - wife<br>from Schedule A/B: 12.1   | \$750.00                             |        | \$750.00  | NYCPLR § 5205(a)(6)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cas<br>Line          | sh<br>from Schedule A/B: <b>16.1</b>  | \$50.00                              |        | \$45.00   | NYCPLR § 5205(d)(2)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | - checking<br>from Schedule A/B: 16.2   | \$600.00                             |        | \$540.00  | NYCPLR § 5205(d)(2)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | vereign - Checking  | \$300.00                             |        | \$270.00  | NYCPLR § 5205(d)(2)                |
|                      |   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | on pension<br>from Schedule A/B: 21.1   | Unknown                              |        | 100%  | Debtor & Creditor Law § 282(2)(e)  |
| 210                  | Hom Goredan 702. 2111   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | you claiming a homestead exemption bject to adjustment on 4/01/16 and every No Yes. Did you acquire the property cove  No | y 3 years after that for c           | ases f | ,   | ,                                  |

| Fill in this informat          | tion to identify you | ır case.  |                             |                                 | 13-3753666    |
|--------------------------------|----------------------|---|-----------------------------|---------------------------------|---------------|
|                                | non to lucitary you  |   |                             |                                 |               |
| Debtor 1                       | Francis Napolita     |   |                             |                                 |               |
|                                | First Name           | Middle Name Last Name   |                             |                                 |               |
| Debtor 2                       | Angeline Napoli      |   |                             |                                 |               |
| (Spouse if, filing)            | First Name           | Middle Name Last Name   |                             |                                 |               |
| United States Bankı            | uptcy Court for the: | EASTERN DISTRICT OF NEW YORK  |                             |                                 |               |
|                                |                      |   |                             |                                 |               |
| Case number                    |                      |   |                             |                                 |               |
| (if known)                     |                      |   |                             |                                 | if this is an |
|                                |                      |   |                             | amend                           | ded filing    |
| 00000                          | 4000                 |   |                             |                                 |               |
| Official Form                  | 106D                 |   |                             |                                 |               |
| Schedule D                     | : Creditors          | Who Have Claims Secui   | red by Property             | /                               | 12/15         |
|                                |                      |   |                             | ,                               |               |
|                                |                      | two married people are filing together, both are number the entries, and attach it to this form. O                |                             |                                 |               |
| •                              |                      |   |                             |                                 |               |
| 1. Do any creditors have       | _                    |   |                             |                                 |               |
| □ No. Check th                 | is box and submit t  | his form to the court with your other schedule  | es. You have nothing else t | o report on this form.          |               |
| Yes. Fill in al                | I of the information | below.  |                             |                                 |               |
| Part 1: List All S             | secured Claims       |   |                             |                                 |               |
|                                |                      | and then are accurred claim. List the avaditor concre   | Column A                    | Column B                        | Column C      |
|                                |                      | ore than one secured claim, list the creditor separa<br>articular claim, list the other creditors in Part 2. As n |                             | Value of collateral             | Unsecured     |
|                                |                      | er according to the creditor's name.  | Do not deduct the           | that supports this              | portion       |
| 0.4 Con4/nolro                 |                      | Describe the property that accuracy the claims  | value of collateral.        | claim                           | If any        |
| 2.1 Cap1/polrs Creditor's Name |                      | Describe the property that secures the claim:   | \$12,405.00                 | \$6,030.00                      | \$6,375.00    |
| Creditor's Name                |                      | Motorcycle Ioan   |                             |                                 |               |
|                                |                      |   |                             |                                 |               |
| 90 Christian                   | a Rd                 | As of the date you file, the claim is: Check all tha  | <b>-</b>                    |                                 |               |
| New Castle,                    |                      | apply.  |                             |                                 |               |
|                                |                      | Contingent  |                             |                                 |               |
| Number, Street, Cit            | y, State & Zip Code  | Unliquidated  |                             |                                 |               |
| 10/h a avvaa tha dahti         | Oh a alu a a a       | Disputed  |                             |                                 |               |
| Who owes the debt              | Check one.           | Nature of lien. Check all that apply.   |                             |                                 |               |
| Debtor 1 only                  |                      | An agreement you made (such as mortgage of car loan)  | secured                     |                                 |               |
| Debtor 2 only                  |                      | cai ioaii)  |                             |                                 |               |
| Debtor 1 and Debto             | r 2 only             | ☐ Statutory lien (such as tax lien, mechanic's lier   | )                           |                                 |               |
| At least one of the o          | debtors and another  | ☐ Judgment lien from a lawsuit  |                             |                                 |               |
| ☐ Check if this claim          | relates to a         | Other (including a right to offset)   |                             |                                 |               |
| community debt                 |                      |   |                             |                                 |               |
|                                | Opened               |   |                             |                                 |               |
|                                | 7/01/07              |   |                             |                                 |               |
|                                | Last Active          |   |                             |                                 |               |
| Date debt was incurre          |                      | Last 4 digits of account number 39  | 77                          |                                 |               |
|                                |                      |   |                             | <b>*</b> 1 <b>-</b> 2 2 2 2 2 2 |               |
| 2.2 Citibankna                 |                      | Describe the property that secures the claim:   | \$140,136.00                | \$472,000.00                    | \$0.00        |
| Creditor's Name                |                      | Credit Line Secured   |                             |                                 |               |
|                                |                      |   |                             |                                 |               |
| Po Box 7690                    | 206                  | As of the date you file, the claim is: Check all tha  | <br>                        |                                 |               |
| San Antonio                    |                      | apply.  |                             |                                 |               |
| -                              |                      | ☐ Contingent  |                             |                                 |               |
| Number, Street, Cit            | y, State & Zip Code  | Unliquidated  |                             |                                 |               |
| Who owen the delica            | Chook and            | Disputed  |                             |                                 |               |
| Who owes the debt'             | г опеск опе.         | Nature of lien. Check all that apply.   |                             |                                 |               |
| Debtor 1 only                  |                      | An agreement you made (such as mortgage or  | secured                     |                                 |               |
| Debtor 2 only                  |                      | car loan)   |                             |                                 |               |
| Debtor 1 and Debto             | •                    | Statutory lien (such as tax lien, mechanic's lier   | )                           |                                 |               |
| At least one of the o          | debtors and another  | ☐ Judgment lien from a lawsuit  |                             |                                 |               |
| ☐ Check if this claim          | relates to a         | Other (including a right to offset)   |                             |                                 |               |

Official Form 106D

community debt

| Dahtar 4                                  | Farancia N  |  |                |   | 0                  |                          |                         | 13-3753666    |
|---|---|--|----------------|---|--------------------|--------------------------|-------------------------|---------------|
| Deptor 1                                  | Francis Na<br>First Name                            | apolitano<br>Middle Na                           |                | Loot Name   | Cas                | e number (if know)       |                         |               |
| Dobtor 2                                  |   |  | ame            | Last Name   |                    |                          |                         |               |
| Debioi 2                                  | Angeline I  | Napolitano<br>Middle Na                          | amo            | Last Name   |                    |                          |                         |               |
|   | FIISTINAME  | wildale in                                       | ame            | Last Name   |                    |                          |                         |               |
|   |   | Opened<br>4/01/08                                |                |   |                    |                          |                         |               |
|   |   | Last Active                                      |                |   | 0007               |                          |                         |               |
| Date debt                                 | was incurred  | 9/04/15  | Last           | 4 digits of account number  | 0697               |                          |                         |               |
| 2.3 <b>M</b> 8                            | & T Bank  |  | Describe the   | e property that secures the   | claim:             | \$45,643.00              | \$472,000.00            | \$0.00        |
| Cred                                      | ditor's Name  |  | Real Esta      | ite Mortgage  |                    |                          |                         |               |
| Att                                       | n: Bankrup  | tcy  |                |   |                    |                          |                         |               |
| 110                                       | 00 Wehrle D   | r 2nd  | As of the de   | to you file the eleim is. Che   | als all that       |                          |                         |               |
| Flo                                       |   |  | apply.         | te you file, the claim is: Che  | ck all that        |                          |                         |               |
| Wi  | lliamsville, l                                      | NY 14221   | ☐ Continge     | nt  |                    |                          |                         |               |
| Num                                       | ber, Street, City, S                                | State & Zip Code                                 | ☐ Unliquida    | ted   |                    |                          |                         |               |
|   |   |  | ☐ Disputed     |   |                    |                          |                         |               |
| Who owe                                   | es the debt? C                                      | heck one.  | Nature of I    | en. Check all that apply.   |                    |                          |                         |               |
| ☐ Debtor                                  | 1 only  |  | ☐ An agree     | ment you made (such as mo   | rtgage or secured  |                          |                         |               |
| ☐ Debtor                                  | 2 only  |  | car loan       | )   |                    |                          |                         |               |
| ■ Debtor                                  | 1 and Debtor 2                                      | only   | □ Statutory    | lien (such as tax lien, mecha   | nic's lien)        |                          |                         |               |
| ☐ At leas                                 | t one of the deb                                    | tors and another                                 | ☐ Judgmen      | t lien from a lawsuit   |                    |                          |                         |               |
|   | if this claim re<br>nunity debt                     | lates to a                                       | Other (in      | cluding a right to offset)  |                    |                          |                         |               |
| Date debt                                 | was incurred  | Opened 5/01/04 Last Active 9/14/15               | Last           | 4 digits of account number  | 4827               |                          |                         |               |
|   |   |  |                |   |                    |                          |                         |               |
| Add the                                   | dollar value of                                     | your entries in Co                               | olumn A on th  | is page. Write that number  | here:              | \$198,184.0              | 0                       |               |
|   | the last page of at number here                     |  | he dollar valu | e totals from all pages.  |                    | \$198,184.0              | 0                       |               |
| write th                                  | at number nere                                      | <del>;</del> :                                   |                |   |                    | . ,                      |                         |               |
| Part 2:                                   | List Others t                                       | o Be Notified fo                                 | r a Debt Th    | at You Already Listed   |                    |                          |                         |               |
| to collect<br>creditor for<br>do not fill | from you for a<br>or any of the de<br>out or submit | debt you owe to sebts that you listed this page. | omeone else,   | ut your bankruptcy for a del<br>list the creditor in Part 1, a<br>the additional creditors he | nd then list the c | ollection agency here. S | imilarly, if you have n | nore than one |
|   | ame Address<br>I <b>ONE-</b>                        | 3  |                | On  | which line in      | Part 1 did you ent       | or the creditor?        |               |
| -14                                       | OIL-  |  |                | Oli   | WINCH HIE HI       | i ait i did you eiit     | er the creditor?        |               |
|   |   |  |                | Las   | t 4 digits of a    | account number           |                         |               |

| Fill in t                                      | his information t  | o identify your   | case:   |  |  |  |  |   | 13-3753666                                       |
|--|--|---|---|--|--|--|--|---|--|
| Debtor   | 1 Fran   | ncis Napolitan  | 10  |  |  |  |  |   |  |
|  | First N  |   |   | e Name L   | ast Name   |  |  |   |  |
| Debtor<br>(Spouse i                            | <u> </u>   | eline Napolita  |   | e Name L   | ast Name   |  |  |   |  |
|  | , 3,   |   |   |  |  |  |  |   |  |
| United   | States Bankruptcy  | / Court for the:  | EASTER  | N DISTRICT OF NEW Y  | ORK  |  |  |   |  |
| Case n<br>(if known)                           |  |   |   |  |  |  |  | Check if the                                |  |
| Offici   | al Form 10   | 6E/F  |   |  |  |  |  |   |  |
| Sche   | dule E/F:  | Creditors   | Who H   | lave Unsecure  | d Cla  | ims  |  |   | 12/15  |
| any exec<br>Schedule<br>D: Credit<br>the Conti | utory contracts or use G: Executory Con-<br>cors Who Have Clain<br>inuation Page to thi<br>(if known). | unexpired leases t<br>tracts and Unexpir<br>ms Secured by Pro | hat could re<br>red Leases (<br>operty. If mo<br>e no informa | sult in a claim. Also list ex<br>Official Form 106G). Do no<br>ore space is needed, copy to<br>ation to report in a Part, do | ecutory on the court of the cou | Part 2 for creditors with NONPRIC ontracts on Schedule A/B: Prope any creditors with partially secur ou need, fill it out, number the entiat Part. On the top of any additio | erty (Official<br>ed claims tl<br>tries in the l | Form 106/<br>hat are listed<br>boxes on the | A/B) and on<br>ed in Schedule<br>he left. Attach |
|  |  |   |   |  |  |  |  |   |  |
|  | Do any creditors has  No. Go to Part 2.  | ve priority unsecu  | red ciaims a  | against you?   |  |  |  |   |  |
| Part 2:  | ☐ Yes.<br>■ List All of You  | ır NONPRIORIT   | Y Unsecur   | ed Claims  |  |  |  |   |  |
|  | Do any creditors ha  |   |   |  |  |  |  |   |  |
| I  | ☐ No. You have not   | hing to report in this  | s part. Submi   | it this form to the court with y   | our other s  | schedules.   |  |   |  |
| I  | Yes.   |   |   |  |  |  |  |   |  |
| t<br>t   | unsecured claim, list  | the creditor separa   | tely for each   | claim. For each claim listed,  | identify wh  | who holds each claim. If a creditor nat type of claim it is. Do not list clai han three nonpriority unsecured claim  | ms already i                                     | ncluded in                                  | Part 1. If more                                  |
| ·  | -ait Z.  |   |   |  |  |  |  | Total cla                                   | nim  |
| 4.1  | Amex Dsnb  |   |   | Last 4 digits of account n   | umber  | 5646   |  | \$  | 5,481.00   |
|  | Priority Creditor's No.  9111 Duke Blv   | rd  |   | When was the debt incur  | red?   | Opened 8/01/97 Last<br>Active 7/27/15  |  |   |  |
| :  | Mason, OH 45   |   |   | An of the data way file th   | l-! !-   |  | _  |   |  |
|  | Number Street City   | •   |   | As of the date you file, the   | e ciaim is   | : Cneck all that apply   |  |   |  |
|  | Who incurred the o   | debt? Check one.  |   | ☐ Contingent   |  |  |  |   |  |
|  | ■ Debtor 2 only  |   |   | ☐ Unliquidated   |  |  |  |   |  |
|  | ☐ Debtor 1 and De  | ebtor 2 only  |   | ☐ Disputed   |  |  |  |   |  |
|  | ☐ At least one of the  | ne debtors and ano  | ther  | Type of NONPRIORITY ur   | nsecured   | claim:   |  |   |  |
|  | ☐ Check if this cledebt  | aim is for a comm   | nunity  | ☐ Student loans  |  |  |  |   |  |
|  | Is the claim subjec  | et to offset?   |   | Obligations arising out on ot report as priority claims  |  | ation agreement or divorce that you  | did  |   |  |
|  | ■ No   |   |   | ☐ Debts to pension or pro  | fit-sharing  | plans, and other similar debts   |  |   |  |
|  | Yes  |   |   | Other. Specify   | Credit   | Card   |  | _   |  |
| 4.2  | Bank of Ameri  | ica   |   | Last 4 digits of account n   | umber  | 1718   |  | \$  | 11,508.00  |
|  | Priority Creditor's No. Attn: Recovery 4161 Piedmon  | y Department<br>t Pkwy  |   | When was the debt incur  | red?   | Opened 3/01/11 Last<br>Active 7/03/15  | _  |   |  |
|  | Greensboro, Number Street City   |   |   | As of the date you file, the   | e claim is   | : Check all that apply   |  |   |  |

|     | 1 Francis Napolitano 2 Angeline Napolitano   |  | Case number (if know)                    |     |          |  |  |
|-----|--|--|--|-----|----------|--|--|
|     | Who incurred the debt? Check one.  | ☐ Contingent   |  |     |          |  |  |
|     | ☐ Debtor 1 only  | <b>_</b> cogo  |  |     |          |  |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |  |     |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |     |          |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                 |     |          |  |  |
|     | Check if this claim is for a community   | ☐ Student loans  |  |     |          |  |  |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa                              | ration agreement or divorce that you did |     |          |  |  |
|     | ■ No   | ☐ Debts to pension or profit-sharin                              | g plans, and other similar debts         |     |          |  |  |
|     | Yes  | Other. Specify Credit  | : Card                                   |     |          |  |  |
| 4.3 | Capital One  | Last 4 digits of account number                                  | 1064                                     | \$  | 7,788.00 |  |  |
|     | Priority Creditor's Name Attn: Bankruptcy Po Box 30285   | When was the debt incurred?                                      | Opened 2/01/12 Last<br>Active 7/03/15    |     |          |  |  |
| -   | Salt Lake City, UT 84130  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply      |  |     |          |  |  |
|     | Who incurred the debt? Check one.  | ☐ Contingent   | an anat apply                            |     |          |  |  |
|     | ■ Debtor 1 only  | ☐ Contingent   |  |     |          |  |  |
|     | Debtor 2 only  | ☐ Unliquidated   |  |     |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   |  |  |     |          |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                 |     |          |  |  |
|     | ☐ Check if this claim is for a community debt  |  |  |     |          |  |  |
|     | Is the claim subject to offset?  □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |  |     |          |  |  |
|     | ■ No   | ☐ Debts to pension or profit-sharin                              | g plans, and other similar debts         |     |          |  |  |
|     | Yes  | Other. Specify Credit  | : Card                                   |     |          |  |  |
| 4.4 | Chase Card Services  | Last 4 digits of account number                                  | 0407                                     | \$  | 5,830.00 |  |  |
|     | Priority Creditor's Name   |  |  | · — |          |  |  |
|     | Attn: Bankruptcy<br>Po Box 15298<br>Wilmington, DE 19850   | When was the debt incurred?                                      | Opened 8/01/09 Last<br>Active 7/31/15    |     |          |  |  |
| -   | Number Street City State Zlp Code  | As of the date you file, the claim i                             | s: Check all that apply                  |     |          |  |  |
|     | Who incurred the debt? Check one.  ☐ Debtor 1 only   | ☐ Contingent   |  |     |          |  |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |  |     |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | and Debtor 2 only  |  |     |          |  |  |
|     | At least one of the debtors and another  | d claim:   |  |     |          |  |  |
|     | ☐ Check if this claim is for a community debt  |  |  |     |          |  |  |
|     | Is the claim subject to offset?  | ☐ Obligations arising out of a sepanot report as priority claims | ration agreement or divorce that you did |     |          |  |  |
|     | ■ No   | ☐ Debts to pension or profit-sharin                              | g plans, and other similar debts         |     |          |  |  |
|     | Yes  | Other. Specify Credit  | Card                                     |     |          |  |  |
| 4.5 | Citibank   | Last 4 digits of account number                                  | 7158                                     | \$  | 3,177.00 |  |  |
|     | Priority Creditor's Name   |  |  |     |          |  |  |

|     | Francis Napolitano Angeline Napolitano  |   | Case number (if know)                                       |    |          |
|-----|---|---|---|----|----------|
|     | Citicorp Credt Srvs/Centralized<br>Bankrupt<br>Po Box 790040                            | When was the debt incurred?               | Opened 5/01/13 Last<br>Active 7/17/15                       |    |          |
|     | Saint Louis, MO 63179  Number Street City State Zlp Code                                | As of the date you file, the claim i      | As of the date you file, the claim is: Check all that apply |    |          |
|     | Who incurred the debt? Check one.  ☐ Debtor 1 only                                      | ☐ Contingent                              |   |    |          |
|     | Debtor 2 only   | ☐ Unliquidated                            |   |    |          |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                  | ☐ Disputed  Type of NONPRIORITY unsecured |   |    |          |
|     | ☐ At least one of the debiots and another ☐ Check if this claim is for a community debt | ☐ Student loans                           |   |    |          |
|     | Is the claim subject to offset?   | ☐ Obligations arising out of a sepa       |   |    |          |
|     | ■ No  | ☐ Debts to pension or profit-sharin       | g plans, and other similar debts                            |    |          |
|     | Yes   | Other. Specify Credit                     | t Card  |    |          |
| 4.6 | Citibank  | Last 4 digits of account number           | 4751  | \$ | 3,118.00 |
| (   | Priority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040         | When was the debt incurred?               | Opened 4/01/13 Last<br>Active 7/17/15                       |    |          |
|     | Saint Louis, MO 63179  Number Street City State Zlp Code                                | As of the date you file, the claim i      | s: Check all that apply                                     |    |          |
|     | Who incurred the debt? Check one.  ☐ Debtor 1 only                                      | ☐ Contingent                              |   |    |          |
|     | Debtor 2 only   | ☐ Unliquidated                            |   |    |          |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                  | ☐ Disputed  Type of NONPRIORITY unsecured |   |    |          |
|     | ☐ Check if this claim is for a community  | ☐ Student loans                           |   |    |          |
|     | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa       | aration agreement or divorce that you did                   |    |          |
|     | ■ No  | Debts to pension or profit-sharin         | g plans, and other similar debts                            |    |          |
|     | Yes   | Other. Specify Credit                     | t Card  |    |          |
| 4.7 | Citibank / Sears  | Last 4 digits of account number           | 6164  | \$ | 7,708.00 |
|     | Priority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040         | When was the debt incurred?               | Opened 4/01/81 Last<br>Active 7/31/15                       |    |          |
| _;  | Saint Louis, MO 63179  Number Street City State Zlp Code                                | As of the date you file, the claim i      | s: Check all that apply                                     |    |          |

|     | 1 Francis Napolitano<br>2 Angeline Napolitano                                   |   | Case number (if know)                     |    |          |  |  |  |  |  |
|-----|---|---|---|----|----------|--|--|--|--|--|
|     | Who incurred the debt? Check one.   | ☐ Contingent  |   |    |          |  |  |  |  |  |
|     | ☐ Debtor 1 only   | <b>G</b> Contingent   |   |    |          |  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |   |    |          |  |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |    |          |  |  |  |  |  |
|     | ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecure  | d claim:                                  |    |          |  |  |  |  |  |
|     | Check if this claim is for a community  | ☐ Student loans   |   |    |          |  |  |  |  |  |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa   | tration agreement or divorce that you did |    |          |  |  |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts          |    |          |  |  |  |  |  |
|     | Yes   | Other. Specify Credit   | t Card                                    |    |          |  |  |  |  |  |
| 4.8 | Citibank Na   | Last 4 digits of account number   | 5864                                      | \$ | 4,452.00 |  |  |  |  |  |
|     | Priority Creditor's Name  Citicard Credit Srvs/Centralized                      | _   | Opened 8/01/85 Last                       |    |          |  |  |  |  |  |
|     | Bankrup Po Box 790040   | When was the debt incurred?   | Active 7/16/15                            |    |          |  |  |  |  |  |
|     | Saint Louis, MO 63179   |   |   |    |          |  |  |  |  |  |
|     | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |   |    |          |  |  |  |  |  |
|     | Who incurred the debt? Check one.   | ☐ Contingent  |   |    |          |  |  |  |  |  |
|     | Debtor 1 only   | _   |   |    |          |  |  |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |   |    |          |  |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  |   |   |    |          |  |  |  |  |  |
|     | ☐ At least one of the debtors and another                                       |   |   |    |          |  |  |  |  |  |
|     | ☐ Check if this claim is for a community debt                                   |   |   |    |          |  |  |  |  |  |
|     | Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |    |          |  |  |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts          |    |          |  |  |  |  |  |
|     | Yes   | Other. Specify Check  | Credit Or Line Of Credit                  |    |          |  |  |  |  |  |
| 4.9 | Citibank/The Home Depot   | Last 4 digits of account number   | 3615                                      | \$ | 1,439.00 |  |  |  |  |  |
|     | Priority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 | When was the debt incurred?   | Opened 4/01/14 Last<br>Active 8/02/15     |    |          |  |  |  |  |  |
|     | Saint Louis, MO 63179  Number Street City State Zlp Code                        | A - of the determinable the electric  | Charles II that annie                     |    |          |  |  |  |  |  |
|     | , ,   | As of the date you file, the claim  | s: Check all that apply                   |    |          |  |  |  |  |  |
|     | Who incurred the debt? Check one.   | ☐ Contingent  |   |    |          |  |  |  |  |  |
|     | Debtor 1 only   | <b>—</b>  |   |    |          |  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |   |    |          |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | Disputed  |   |    |          |  |  |  |  |  |
|     | At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |    |          |  |  |  |  |  |
|     | ☐ Check if this claim is for a community debt                                   | ☐ Student loans   |   |    |          |  |  |  |  |  |
|     | Is the claim subject to offset?   | Obligations arising out of a sepanot report as priority claims  |   |    |          |  |  |  |  |  |
|     | ■ No  | ☐ Debts to pension or profit-sharing  |   |    |          |  |  |  |  |  |
|     | Yes   | Other. Specify Charg  | ge Account                                |    |          |  |  |  |  |  |
|     |   |   |   |    |          |  |  |  |  |  |

|      | Francis Napolitano Angeline Napolitano  |   | Case number (if know)                                       |            |           |  |  |  |
|------|---|---|---|------------|-----------|--|--|--|
| 4.10 | Citibank/The Home Depot   | Last 4 digits of account number   | 1218  | \$         | 1,017.00  |  |  |  |
| _    | Priority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim i                 | Opened 10/01/14 Last Active 8/02/15 s: Check all that apply | · <u>-</u> |           |  |  |  |
|      | Who incurred the debt? Check one.   | ☐ Contingent  |   |            |           |  |  |  |
|      | ■ Debtor 1 only   | Contingent  |   |            |           |  |  |  |
|      | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |           |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community                         |   |   |            |           |  |  |  |
|      | debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a sepa not report as priority claims | ration agreement or divorce that you did                    |            |           |  |  |  |
|      | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts                            |            |           |  |  |  |
|      | Yes   | Other. Specify Charg  | e Account   |            |           |  |  |  |
| 4.11 | Discover Financial  | Last 4 digits of account number   | 4615  | \$         | 14,558.00 |  |  |  |
|      | Priority Creditor's Name Attention: Bankruptcy Department Po Box 3025   | When was the debt incurred?   | Opened 7/01/08 Last<br>Active 7/03/15                       |            |           |  |  |  |
|      | New Albany, OH 43054  Number Street City State Zlp Code   | As of the date you file, the claim i  | s of the date you file, the claim is: Check all that apply  |            |           |  |  |  |
|      | Who incurred the debt? Check one.   | ☐ Contingent  |   |            |           |  |  |  |
|      | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |           |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured   | J claim:  |            |           |  |  |  |
|      | ☐ Check if this claim is for a community debt   | ☐ Student loans   |   |            |           |  |  |  |
|      | Is the claim subject to offset?   | ☐ Obligations arising out of a sepa not report as priority claims                 | ration agreement or divorce that you did                    |            |           |  |  |  |
|      | ■ No  | g plans, and other similar debts  |   |            |           |  |  |  |
|      | Yes   | ■ Other. Specify Credit   | Card  |            |           |  |  |  |
| 4.12 | Discover Student Loans  | Last 4 digits of account number   | 4575  | \$         | 3,399.00  |  |  |  |
|      | Priority Creditor's Name Po Box 30948 Salt Lake City, UT 84130  | When was the debt incurred?   | Opened 2/01/12 Last<br>Active 8/24/15                       | · <u>—</u> |           |  |  |  |
|      | Number Street City State Zlp Code   | As of the date you file, the claim is   | s: Check all that apply                                     |            |           |  |  |  |

|      | 1 Francis Napolitano<br>2 Angeline Napolitano                                      |  | Case number (if know)                    |    |          |  |  |  |  |
|------|--|--|--|----|----------|--|--|--|--|
|      |  |  | , , ,                                    |    |          |  |  |  |  |
|      | Who incurred the debt? Check one.  ☐ Debtor 1 only                                 | ☐ Contingent   |  |    |          |  |  |  |  |
|      | Debtor 2 only  | □ Uniterated at a d  |  |    |          |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |    |          |  |  |  |  |
|      | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |    |          |  |  |  |  |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                     | d claim:                                 |    |          |  |  |  |  |
|      | ☐ Check if this claim is for a community   | Student loans  |  |    |          |  |  |  |  |
|      | debt Is the claim subject to offset?   |  | ration agreement or divorce that you did |    |          |  |  |  |  |
|      | <b>=</b>   | not report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debts         |    |          |  |  |  |  |
|      | ■ No   | _  | g plans, and other similar debts         |    |          |  |  |  |  |
|      | Yes  | Other. Specify   | ational                                  |    |          |  |  |  |  |
|      |  | Ladot  |  |    |          |  |  |  |  |
|      | Dsnb Bloomingdales   | Last 4 digits of account number                                  | 8211                                     | \$ | 1,031.00 |  |  |  |  |
|      | Priority Creditor's Name Macy's Bankruptcy Dept. Po Box 8053                       | When was the debt incurred?                                      | Opened 3/01/00 Last<br>Active 7/26/15    |    |          |  |  |  |  |
|      | Mason, OH 45040  Number Street City State Zlp Code                                 | As of the date you file, the claim i                             | s: Check all that apply                  |    |          |  |  |  |  |
|      | Who incurred the debt? Check one.  □ Debtor 1 only                                 | ☐ Contingent   |  |    |          |  |  |  |  |
|      | ■ Debtor 2 only  | ☐ Unliquidated   |  |    |          |  |  |  |  |
|      | □ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |    |          |  |  |  |  |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                     | d claim:                                 |    |          |  |  |  |  |
|      | ☐ Check if this claim is for a community   | eck if this claim is for a community                             |  |    |          |  |  |  |  |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa                              |  |    |          |  |  |  |  |
|      | ■ No   | Debts to pension or profit-sharin                                | g plans, and other similar debts         |    |          |  |  |  |  |
|      | ☐ Yes  | Other. Specify Charg   | je Account                               |    |          |  |  |  |  |
|      |  |  |  |    |          |  |  |  |  |
| 4.14 | Dsnb Macys   | Last 4 digits of account number                                  | 2720                                     | \$ | 111.00   |  |  |  |  |
|      | Priority Creditor's Name  Macys Bankruptcy Department Po Box 8053  Mason, OH 45040 | When was the debt incurred?                                      | Opened 12/01/12 Last<br>Active 7/17/15   |    |          |  |  |  |  |
| -    | Number Street City State Zlp Code  | As of the date you file, the claim i                             | s: Check all that apply                  |    |          |  |  |  |  |
|      | Who incurred the debt? Check one.  | Пол  |  |    |          |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |  |    |          |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |    |          |  |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |    |          |  |  |  |  |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                     |  |    |          |  |  |  |  |
|      | Check if this claim is for a community   | ☐ Student loans  |  |    |          |  |  |  |  |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepanot report as priority claims |  |    |          |  |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts         |    |          |  |  |  |  |
|      | Yes  | Other. Specify Charg   | e Account                                |    |          |  |  |  |  |
|      |  |  |  |    |          |  |  |  |  |
| 4.15 | Dsnb Macys   | Last 4 digits of account number                                  | 5172                                     | \$ | 2,761.00 |  |  |  |  |
|      | Priority Creditor's Name   |  |  |    |          |  |  |  |  |

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|   | 1 Francis Napolitano<br>2 Angeline Napolitano           |  | Case number (if know)                     |    |          |  |  |  |  |
|---|---|--|---|----|----------|--|--|--|--|
|   | Macys Bankruptcy Department<br>Po Box 8053              | When was the debt incurred?  | Opened 1/01/79 Last<br>Active 7/17/15     |    |          |  |  |  |  |
|   | Mason, OH 45040<br>Number Street City State Zlp Code    | As of the date you file, the claim i                                 | is: Check all that apply                  |    |          |  |  |  |  |
|   | Who incurred the debt? Check one.  □ Debtor 1 only      | Contingent   |   |    |          |  |  |  |  |
|   | ■ Debtor 2 only   | ☐ Unliquidated   |   |    |          |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |   |    |          |  |  |  |  |
|   | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecure   | d claim:                                  |    |          |  |  |  |  |
|   | ☐ Check if this claim is for a community debt           | ☐ Student loans  |   |    |          |  |  |  |  |
|   | Is the claim subject to offset?                         | ☐ Obligations arising out of a sepa<br>not report as priority claims | aration agreement or divorce that you did |    |          |  |  |  |  |
|   | ■ No  | Debts to pension or profit-sharing                                   | ng plans, and other similar debts         |    |          |  |  |  |  |
|   | Yes   | Other. Specify Charge  | ge Account                                |    |          |  |  |  |  |
| I | Kohls/capone  | Last 4 digits of account number                                      | 8045                                      | \$ | 1,526.00 |  |  |  |  |
|   | Priority Creditor's Name  Po Box 3115                   | When was the debt incurred?  | Opened 12/01/04 Last<br>Active 7/17/15    |    |          |  |  |  |  |
|   | Milwaukee, WI 53201  Number Street City State Zlp Code  | As of the date you file, the claim i                                 | is: Check all that apply                  |    |          |  |  |  |  |
|   | Who incurred the debt? Check one.                       | _  | er chosh an mar apply                     |    |          |  |  |  |  |
|   | Debtor 1 only   | ☐ Contingent   |   |    |          |  |  |  |  |
|   | ■ Debtor 2 only   |  |   |    |          |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only                            |  |   |    |          |  |  |  |  |
|   | lacksquare At least one of the debtors and another      |  |   |    |          |  |  |  |  |
|   | ☐ Check if this claim is for a community debt           |  |   |    |          |  |  |  |  |
|   | Is the claim subject to offset?                         | Obligations arising out of a sepanot report as priority claims       | aration agreement or divorce that you did |    |          |  |  |  |  |
|   | ■ No  | Debts to pension or profit-sharing                                   | ng plans, and other similar debts         |    |          |  |  |  |  |
|   | Yes   | Other. Specify Charge  | ge Account                                |    |          |  |  |  |  |
|   | Synchrony Bank/Gap                                      | Last 4 digits of account number                                      | 2172                                      | \$ | 4,444.00 |  |  |  |  |
|   | Priority Creditor's Name Attn: bankruptcy Po Box 103104 | When was the debt incurred?  | Opened 7/01/09 Last<br>Active 7/19/15     |    |          |  |  |  |  |
| _ | Roswell, GA 30076  Number Street City State Zlp Code    | As of the date you file, the claim i                                 | is: Check all that apply                  |    |          |  |  |  |  |
|   | Who incurred the debt? Check one.  ☐ Debtor 1 only      | ☐ Contingent   |   |    |          |  |  |  |  |
|   | ■ Debtor 2 only   | ☐ Unliquidated   |   |    |          |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |   |    |          |  |  |  |  |
|   | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecure   |   |    |          |  |  |  |  |
|   | ☐ Check if this claim is for a community debt           | ☐ Student loans  |   |    |          |  |  |  |  |
|   | Is the claim subject to offset?                         | ☐ Obligations arising out of a sepanot report as priority claims     | aration agreement or divorce that you did |    |          |  |  |  |  |
|   | ■ No  | Debts to pension or profit-sharing                                   | ng plans, and other similar debts         |    |          |  |  |  |  |
|   | Yes   | ■ Other. Specify Credit  | t Card                                    |    |          |  |  |  |  |

|      | r 1 Francis Napolitano<br>r 2 Angeline Napolitano   |   | Case number (if know)                     |    |           |  |  |  |
|------|---|---|---|----|-----------|--|--|--|
| 4.18 | Synchrony Bank/Lowes  | Last 4 digits of account number   | 4499                                      | \$ | 2,211.00  |  |  |  |
|      | Priority Creditor's Name Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076 | When was the debt incurred?   | Opened 10/01/13 Last<br>Active 7/19/15    |    |           |  |  |  |
|      | Number Street City State ZIp Code   | As of the date you file, the claim i  | s: Check all that apply                   |    |           |  |  |  |
|      | Who incurred the debt? Check one.  ☐ Debtor 1 only  | ☐ Contingent  |   |    |           |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated  |   |    |           |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                    | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |   |    |           |  |  |  |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?             | ☐ Student loans ☐ Obligations arising out of a sepanot report as priority claims                          | aration agreement or divorce that you did |    |           |  |  |  |
|      | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts          |    |           |  |  |  |
|      | Yes   | Other. Specify Charg  | ge Account                                |    |           |  |  |  |
| 4.19 | Synchrony Bank/TJX  | Last 4 digits of account number   | 7671                                      | \$ | 2,151.00  |  |  |  |
|      | Priority Creditor's Name Attn: Bankrupty Po Box 103104 Roswell, GA 30076                  | When was the debt incurred?   | Opened 11/01/13 Last<br>Active 7/26/15    |    |           |  |  |  |
|      | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                   |    |           |  |  |  |
|      | Who incurred the debt? Check one.  ☐ Debtor 1 only  | ☐ Contingent  |   |    |           |  |  |  |
|      | ■ Debtor 2 only   | ☐ Unliquidated  |   |    |           |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                    | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |   |    |           |  |  |  |
|      | ☐ Check if this claim is for a community debt   | ☐ Student loans   |   |    |           |  |  |  |
|      | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |    |           |  |  |  |
|      | No  | Debts to pension or profit-sharing  |   |    |           |  |  |  |
|      | Yes   | Other. Specify Credit   | t Card                                    |    |           |  |  |  |
| 4.20 | Td Banknorth  | Last 4 digits of account number   | 2395                                      | \$ | 12,207.00 |  |  |  |
|      | Priority Creditor's Name Po Box 1190 Lewiston, ME 04243                                   | When was the debt incurred?   | Opened 4/01/12 Last<br>Active 7/03/15     |    |           |  |  |  |
|      | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                   |    |           |  |  |  |

| Debtor 2 And   | geline Napolitano  |   | Case r   | number (if know)   |  |                          |
|--|--|---|--|--|--|--------------------------|
| Who in   | curred the debt? Check one.  | ☐ Contingent  |  |  |  |                          |
| ☐ Deb  | otor 1 only  | _   |  |  |  |                          |
| Deb  | otor 2 only  | ☐ Unliquidated  |  |  |  |                          |
| ☐ Deb  | otor 1 and Debtor 2 only   | ☐ Disputed  |  |  |  |                          |
| ☐ At le  | east one of the debtors and another  | Type of NONPRIORITY unsecured cl  | aim:   |  |  |                          |
| ☐ Che<br>debt  | eck if this claim is for a community   | ☐ Student loans   |  |  |  |                          |
| Is the c   | claim subject to offset?   | Obligations arising out of a separati   | ion agre   | ement or divorce tha   | at you did   |                          |
| ■ No   |  | Debts to pension or profit-sharing p  | lans, an   | d other similar debts  | 3  |                          |
| ☐ Yes  | ;  | Other. Specify Credit C   | ard  |  |  |                          |
|  |  |   |  |  |  |                          |
| art 3: List  | t Others to Be Notified About a  | Debt That You Already Listed  |  |  |  |                          |
| ame Addre  | Parts 1 or 2, do not fill out or submit t  | On which entry in Part 1 or Part  |  | •  | •  |                          |
| ame Addre  | ss<br>I the Amounts for Each Type of   | On which entry in Part 1 or Part Line of (Check one): P Last 4 digits of account number   | Part 1:<br>Part 2:<br>er   | Creditors with F   | Priority Unsecured<br>Nonpriority Unsec  | d Claims<br>sured Claims |
| ame Addre  | I the Amounts for Each Type of ours of certain types of unsecured c  | On which entry in Part 1 or Part<br>Line of (Check one): P<br>P<br>Last 4 digits of account number  | Part 1:<br>Part 2:<br>er   | Creditors with F   | Priority Unsecured<br>Nonpriority Unsec  | d Claims<br>sured Claims |
| ame Addres IONE- art 4: Add Total the amo                                      | I the Amounts for Each Type of unts of certain types of unsecured claim.   | On which entry in Part 1 or Part Line of (Check one): P Last 4 digits of account number Unsecured Claim laims. This information is for statistical rep  | Part 1:<br>Part 2:<br>er<br>Porting p  | Creditors with F<br>Creditors with N<br>ourposes only. 28 U  | Priority Unsecured Nonpriority Unsecured Nonpriority Unsecured Unsecured Nonpriority Uns | d Claims<br>sured Claims |
| ame Addres IONE-  art 4: Add Total the amoof unsecured                         | I the Amounts for Each Type of ours of certain types of unsecured c  | On which entry in Part 1 or Part Line of (Check one): P Last 4 digits of account number Unsecured Claim laims. This information is for statistical rep  | Part 1:<br>Part 2:<br>er   | Creditors with F<br>Creditors with N   | Priority Unsecured<br>Nonpriority Unsec  | d Claims<br>sured Claims |
| ame Addre  | the Amounts for Each Type of ours of certain types of unsecured claim.  6a. Domestic support obligation 6b. Taxes and certain other de   | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim laims. This information is for statistical reports ons bts you owe the government  | Part 1: Part 2: Part 2 | Creditors with F Creditors with F  courposes only. 28 I  Total claim  \$   | Priority Unsecured Nonpriority Unsecured Nonpriority Unsecured Uns | d Claims<br>sured Claims |
| ame Addre  | the Amounts for Each Type of ours of certain types of unsecured claim.  6a. Domestic support obligation of the december of the | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim laims. This information is for statistical reports  but you owe the government al injury while you were intoxicated  | Part 1: Part 2: Part 2 | Creditors with F Creditors with F  courposes only. 28 I  Total claim  \$  \$  \$   | Unsecured Nonpriority Unsecured Nonpriority Unsecured Nonpriority Unsecured Unsecured Nonpriority Unsecured No | d Claims<br>sured Claims |
| ame Addre  | the Amounts for Each Type of ours of certain types of unsecured claim.  6a. Domestic support obligation of the december of the | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim laims. This information is for statistical reports ons bts you owe the government  | Part 1: Part 2: Part 2 | Creditors with F Creditors with F  courposes only. 28 I  Total claim  \$   | Priority Unsecured Nonpriority Unsecured Nonpriority Unsecured Uns | d Claims<br>sured Claims |
| ame Addre  | the Amounts for Each Type of ours of certain types of unsecured claim.  6a. Domestic support obligation of the december of the | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number of the count of the count number of the count | Part 1: Part 2: Part 2 | Creditors with F Creditors with F  courposes only. 28 I  Total claim  \$  \$  \$   | Unsecured Nonpriority Unsecured Nonpriority Unsecured Nonpriority Unsecured Unsecured Nonpriority Unsecured No | d Claims<br>sured Claims |
| ame Addre  | d the Amounts for Each Type of curts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority to  | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number of the count of the count number of the count | Part 1: Part 2: Part 2: Part 2: Part 3: Part 4: Part 4 | Creditors with F Credit | Unsecured Nonpriority  | d Claims<br>sured Claims |
| ame Addre  | d the Amounts for Each Type of curts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority to  | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number of the count of the count number of the count | Part 1: Part 2: Part 2: Part 2: Part 3: Part 4: Part 4 | Creditors with F Credit | Unsecured Nonpriority  | d Claims<br>sured Claims |
| ame Addres IONE-  art 4: Add Total the amoof unsecured  atal claims are mart 1 | the Amounts for Each Type of ounts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority of 6e. Total. Add lines 6a through 6  | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim laims. This information is for statistical reports  buts you owe the government all injury while you were intoxicated unsecured claims. Write that amount here.  | Part 1: Part 2: Part 2: Part 2: Part 3: Part 4: Part 4 | Creditors with F Credit | 0.00 0.00 0.00 0.00 0.00 0.00 0.00   | d Claims<br>sured Claims |
| ame Addres IONE-  art 4: Add Total the amoof unsecured  atal claims are mart 1 | the Amounts for Each Type of ounts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority of 6e. Total. Add lines 6a through 6 6f. Student loans 6g. Obligations arising out of a did not report as priority of   | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim  Idiams. This information is for statistical reports  buts you owe the government all injury while you were intoxicated unsecured claims. Write that amount here.  Sid.  In separation agreement or divorce that you aims  | Part 1: Part 2: er  Porting p  6a. 6b. 6c. 6d. 6e. 6f.   | Creditors with F Credit | 0.00 0.00 0.00 0.00 0.00 0.00 0.00   | d Claims<br>sured Claims |
| ame Addres IONE- art 4: Add Total the amoof unsecured otal claims rom Part 1   | the Amounts for Each Type of tunts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority of 6e. Total. Add lines 6a through 6 6f. Student loans 6g. Obligations arising out of a did not report as priority of 6h. Debts to pension or profit-   | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number of the count of the | Part 1: Part 2: er  Porting p  6a. 6b. 6c. 6d. 6e. 6f. 6g. 6h.   | Creditors with F Credit | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | d Claims<br>sured Claims |
| ame Addre  | the Amounts for Each Type of tunts of certain types of unsecured ciclaim.  6a. Domestic support obligation 6b. Taxes and certain other de 6c. Claims for death or person 6d. Other. Add all other priority of 6e. Total. Add lines 6a through 6 6f. Student loans 6g. Obligations arising out of a did not report as priority of 6h. Debts to pension or profit-   | On which entry in Part 1 or Part Line of (Check one):  P Last 4 digits of account number Unsecured Claim  Idiams. This information is for statistical reports  buts you owe the government all injury while you were intoxicated unsecured claims. Write that amount here.  Sid.  In separation agreement or divorce that you aims  | Part 1: Part 2: er  Porting p  6a. 6b. 6c. 6d. 6e. 6f. 6g. 6h.   | Creditors with F Credit | 0.00 0.00 0.00 0.00 0.00 0.00 0.00   | d Claims<br>sured Claims |

| Fill in this infor          | rmation to identify your | 13-3753666         |             |                                      |
|-----------------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 Francis Napolitano |                          |                    |             |                                      |
|                             | First Name               | Middle Name        | Last Name   | -                                    |
| Debtor 2                    | Angeline Napolita        | ano                |             |                                      |
| (Spouse if, filing)         | First Name               | Middle Name        | Last Name   | -                                    |
| United States Ba            | ankruptcy Court for the: | EASTERN DISTRICT ( | DF NEW YORK | -                                    |
| Case number (if known)      |                          |                    |             | ☐ Check if this is an amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|-----------------------------|---|
| 2.1 |           |              |                   |                             |   |
|     | Name      |              |                   |                             | _                                       |
|     |           |              |                   |                             |   |
|     | Number    | Street       |                   |                             | <del>_</del>                            |
|     |           |              |                   |                             | <u> </u>                                |
|     | City      |              | State             | ZIP Code                    |   |
| 2.2 |           |              |                   |                             |   |
|     | Name      |              |                   |                             |   |
|     |           |              |                   |                             | <u></u>                                 |
|     | Number    | Street       |                   |                             |   |
|     | City      |              | State             | ZIP Code                    | <u> </u>                                |
| 2.3 | Oity      |              | Otate             | Zii Code                    |   |
| 2.0 | Name      |              |                   |                             | <del>_</del>                            |
|     |           |              |                   |                             |   |
|     | Number    | Street       |                   |                             | <del>_</del>                            |
|     | Number    | Olicci       |                   |                             |   |
|     | City      |              | State             | ZIP Code                    | <del>-</del>                            |
| 2.4 |           |              |                   |                             |   |
|     | Name      |              |                   |                             | <del>_</del>                            |
|     |           |              |                   |                             |   |
|     | Number    | Street       |                   |                             | _                                       |
|     |           |              |                   |                             |   |
|     | City      |              | State             | ZIP Code                    |   |
| 2.5 |           |              |                   |                             | _                                       |
|     | Name      |              |                   |                             |   |
|     |           |              |                   |                             | <u></u>                                 |
|     | Number    | Street       |                   |                             |   |
|     | City      |              | State             | ZIP Code                    | <u> </u>                                |
|     | Oity      |              | State             | ZIF Code                    |   |

Official Form 106G

| Fill in this      | information to identify your case:   |                          | 13-3753666  |
|-------------------|--|--------------------------|---|
| Debtor 1          | Francis Napolitano   |                          |   |
|                   | First Name Middle Name   | Last Name                |   |
| Debtor 2          | Angeline Napolitano  |                          |   |
| (Spouse if, filir | ng) First Name Middle Name   | Last Name                |   |
| United Stat       | tes Bankruptcy Court for the: EASTERN DISTRICT C   | OF NEW YORK              |   |
| Case numb         | per  |                          |   |
| (if known)        |  |                          | ☐ Check if this is an   |
|                   |  |                          | amended filing  |
| Official          | Form 106H  |                          |   |
|                   | ule H: Your Codebtors  |                          | 40/45   |
| Scried            | ule n. Tour Codebiors  |                          | 12/15   |
|                   | and case number (if known). Answer every question you have any codebtors? (If you are filing a joint case,       |                          | as a codebtor.  |
| ■ N.              |  |                          |   |
| ■ No<br>□ Yes     |  |                          |   |
| □ 163             |  |                          |   |
|                   | nin the last 8 years, have you lived in a community p<br>a, California, Idaho, Louisiana, Nevada, New Mexico, Pu |                          |   |
| ■ Na              | Go to line 3.  |                          |   |
|                   | <ul> <li>Did your spouse, former spouse, or legal equivalent liv</li> </ul>                                      | e with you at the time?  |   |
| 00                | . Dia your opouss, former opouss, or logal equivalent in   | o mai you at allo tallo. |   |
| in line<br>Form   | 2 again as a codebtor only if that person is a guarar  | ntor or cosigner. Make s | f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Officia GG). Use Schedule D, Schedule E/F, or Schedule G to |
|                   | Column 1: Your codebtor  |                          | Column 2: The creditor to whom you owe the debt   |
| r                 | Name, Number, Street, City, State and ZIP Code   |                          | Check all schedules that apply:   |
| 3.1               |  |                          | ☐ Schedule D, line  |
|                   | Name   |                          | ☐ Schedule E/F, line  |
|                   |  |                          | ☐ Schedule G, line  |
| ī                 | Number Street  |                          |   |
| •                 | City State   | ZIP Code                 |   |
| 3.2               |  |                          | ☐ Schedule D, line  |
|                   | Name   |                          | ☐ Schedule E/F, line  |
|                   |  |                          | ☐ Schedule G, line  |
| -                 | Number Street  |                          | · ——  |
|                   | City State   | ZIP Code                 |   |

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| Fill                | in this information to  | identify your c                 | ase:  |  |                    |               |                          |                      |                        | 13                             | -3753666          |
|---------------------|---|---------------------------------|---|--|--------------------|---------------|--------------------------|----------------------|------------------------|--------------------------------|-------------------|
| Del                 | btor 1  | Francis Nap                     | olitano   |  |                    |               |                          |                      |                        |                                |                   |
| 1 -                 | btor 2<br>buse, if filing)  | Angeline Na                     | politano  |  |                    |               |                          |                      |                        |                                |                   |
| Uni                 | ited States Bankrupto   | cy Court for the                | : EASTERN DISTRICT  | OF NEW YORK                                |                    |               |                          |                      |                        |                                |                   |
|                     | se number<br>   |                                 |   | -  |                    |               | ☐ An                     |                      | ent show               | ing postpetition               |                   |
| O                   | fficial Form  | 1061                            |   |  |                    |               |                          |                      |                        | Tollowing date.                |                   |
|                     | chedule I: Y  |                                 | ome   |  |                    |               | IVIIV                    | 1 / DD/ Y            | YYY                    |                                | 12/15             |
| sup<br>spo<br>atta  | plying correct infor<br>use. If you are sepa<br>ch a separate sheet | mation. If you<br>rated and you | sible. If two married pec<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse<br>ide info | is li<br>rmat | ving with y<br>ion about | ou, incl<br>your spo | ude info<br>ouse. If 1 | ormation abou<br>more space is | t your<br>needed, |
| 1.                  | Fill in your emplo information.                                     | yment                           |   | Debtor 1                                   |                    |               | 1                        | Debtor 2             | or non-                | filing spouse                  |                   |
|                     | If you have more th   | If you have more than one job,  |   | ■ Employed                                 |                    |               | ı                        | ☐ Employed           |                        |                                |                   |
|                     | attach a separate printermation about a                             | 0                               | Employment status   | ☐ Not employed                             |                    |               | ı                        | ■ Not er             | mployed                |                                |                   |
|                     | employers.  |                                 | Occupation  | Roofer                                     |                    |               |                          |                      |                        |                                |                   |
|                     | Include part-time, s<br>self-employed work                          |                                 | Employer's name   | WB Roofing                                 |                    |               |                          |                      |                        |                                |                   |
|                     | Occupation may in or homemaker, if it                               |                                 | Employer's address  |  |                    |               |                          |                      |                        |                                |                   |
|                     |   |                                 | How long employed t   | here?                                      |                    |               |                          |                      |                        |                                |                   |
| Pai                 | rt 2: Give Deta   | ails About Mor                  |   |  |                    |               |                          | _                    |                        |                                |                   |
| <b>Esti</b><br>spoi | imate monthly incor<br>use unless you are so                        | ne as of the deparated.         | ate you file this form. If  |  |                    |               |                          | hat perso            | on on the              |                                |                   |
|                     |   |                                 |   |  |                    |               |                          |                      |                        | iling spouse                   |                   |
| 2.                  |   |                                 | ry, and commissions (b<br>calculate what the month  |  | 2.                 | \$            | 3,4                      | 66.67                | \$                     | 0.00                           |                   |
| 3.                  | Estimate and list   | monthly overt                   | ime pay.  |  | 3.                 | +\$           |                          | 0.00                 | +\$                    | 0.00                           |                   |
| 4.                  | Calculate gross Ir  | ncome. Add lir                  | ne 2 + line 3.  |  | 4.                 | \$            | 3,466                    | 6.67                 | \$                     | 0.00                           |                   |

Official Form 106I Schedule I: Your Income page 1

| Debtor 1<br>Debtor 2   | Francis Napolitano<br>Angeline Napolitano   |                   | Case n                  | iumber ( <i>if kn</i>     | own)   |  |                        |  |          |
|------------------------|---|-------------------|-------------------------|---------------------------|--|--|------------------------|--|----------|
| Co                     | py line 4 here  | 4.                | For I                   | Debtor 1<br>3,466         | 5.67   |  | Debtor 2<br>-filing sp |  |          |
|                        |   |                   | · —                     | 0, .00                    |  | · —  |                        | 0.00   | -        |
| 5. <b>Li</b> s         | et all payroll deductions:  |                   |                         |                           |  |  |                        |  |          |
| 5a                     | •   | 5a.               | \$                      | 679                       |  | \$   |                        | 0.00   |          |
| 5b                     | ,   | 5b.               | \$                      |                           | .00  | \$   |                        | 0.00   | _        |
| 5c                     | ·   | 5c.               | \$                      |                           | .00  | \$   |                        | 0.00   | -        |
| 5d                     | 4   | 5d.               | \$                      |                           | .00  | \$   |                        | 0.00   | -        |
| 5e                     |   | 5e.               | \$                      |                           | .00  | \$_  |                        | 0.00   | -        |
| 5f.<br>5g              |   | 5f.<br>5g.        | \$<br>                  |                           | 0.00   | \$<br>   |                        | 0.00   | -        |
| 59<br>5h               |   | 5g.<br>5h.+       | \$<br>                  |                           | .00  | · · —  |                        | 0.00   | =        |
|                        | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | — 6.              | <u> </u>                | 679                       |  | · •—   |                        | 0.00   | -        |
|                        | lculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$<br>                  | 2,787                     |  | \$<br>\$                                       |                        | 0.00   | -        |
|                        |   | 7.                | Ψ                       | 2,707                     | .40  | Ψ  |                        | 0.00   | -        |
| 8. Lis 8a 8b 8c 8c 8f. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filling spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistate that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Pension or retirement income | 8c.<br>8d.<br>8e. | \$<br>\$ \$<br>\$ \$ \$ | 0<br>0<br>0<br>0<br>3,083 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.33<br>0.00 | \$\$ \$\$\$<br>\$\$\$<br>\$\$\$<br>\$\$\$<br>+ |                        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | -        |
| 9. <b>A</b> c          | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$                      | 3,083                     | 3.33   | \$   |                        | 0.00   | D        |
| 10. <b>C</b> a         | Iculate monthly income. Add line 7 + line 9.  | 10. \$            | 5                       | ,870.79                   | + \$   |  | 0.00 =                 | \$   | 5,870.79 |
| Ac                     | d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                   |                         | ,                         | -  |  |                        | -  | -,       |
| Ind<br>oth<br>Do       | that all other regular contributions to the expenses that you list in Sched elude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are recify:  | our depen         |                         | •                         |  |  | Schedule<br>11.        |  | 0.00     |
| W                      | d the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Schedules and Statistical Summary of Ceplies  |                   |                         |                           |  |  | 12.                    | \$   |          |
| 13. <b>D</b> o         |   |                   |                         |                           |  |  | n                      | nonthl   | y income |
|                        | you expect an increase or decrease within the year after you file this fo   | rm?               |                         |                           |  |  |                        |  | •        |
|                        | you expect an increase or decrease within the year after you file this fo No.   | rm?               |                         |                           |  |  |                        |  |          |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this informat            | tion to identify yo                                | ur case:        |  |                          |   |          |                 | 13-37536  | 66  |
|------|-----------------------------|--|-----------------|--|--------------------------|---|----------|-----------------|---|-----|
| Deb  | tor 1                       | Francis Napo                                       | litano          |  |                          | Cr  | neck if  | this is:        |   |     |
|      | tor 2<br>buse, if filing)   | Angeline Nap                                       |                 |  |                          | <ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul> |          |                 |   |     |
|      |                             |  |                 |  |                          |   |          |                 |   |     |
| Unit | ed States Bankru            | uptcy Court for the:                               | EASTE           | RN DISTRICT OF NEW                                       | YORK                     |   | MN       | // DD / YYYY    |   |     |
| !    | e number<br>nown)           |  |                 |  |                          |   |          |                 |   |     |
|      | fficial Fo                  |  |                 |  |                          |   |          |                 |   |     |
|      |                             | J: Your E  |                 |  |                          |   |          |                 |   | /15 |
| info | ormation. If me             |  | eded, atta      | . If two married people<br>ich another sheet to th<br>n. |                          |   |          |                 |   |     |
| Par  | t 1: Descri                 | ibe Your Housel                                    | hold            |  |                          |   |          |                 |   |     |
| 1.   | Is this a join              |  |                 |  |                          |   |          |                 |   |     |
|      | □ No. Go to                 |  |                 |  |                          |   |          |                 |   |     |
|      | _                           | s Debtor 2 live i                                  | n a separ       | ate nousehold?   |                          |   |          |                 |   |     |
|      | ■ No<br>□ Ye                | _  | t file Offic    | ial Form 106J-2, <i>Expen</i>                            | ses for Separate Hous    | ehold of D  | Debtor   | 2.              |   |     |
| 2.   | Do you have                 | e dependents?                                      | □No             |  |                          |   |          |                 |   |     |
|      | Do not list De and Debtor 2 |  | ■ Yes.          | Fill out this information for each dependent             | Dependent's relati       |   | _        | Dependent's age | Does dependent live with you?                         |     |
|      | Do not state                | the  |                 |  |                          |   |          |                 | □ No  |     |
|      | dependents r                | names.   |                 |  | Daughter                 |   |          | 23              | Yes   |     |
|      |                             |  |                 |  |                          |   |          |                 | □ No<br>□ Yes   |     |
|      |                             |  |                 |  | -                        |   |          |                 | ☐ Yes   |     |
|      |                             |  |                 |  |                          |   |          |                 | ☐ Yes   |     |
|      |                             |  |                 |  |                          |   |          |                 | □ No  |     |
|      |                             |  |                 |  |                          |   |          |                 | ☐ Yes   |     |
| 3.   | expenses of                 | enses include<br>people other the<br>your depender | nan $_{f \Box}$ | No<br>Yes  |                          |   |          |                 |   |     |
| Par  | t 2: Estima                 | ate Your Ongoin                                    | ng Month        | ly Expenses  |                          |   |          |                 |   |     |
| exp  |                             |  |                 |  |                          |   |          |                 | apter 13 case to report<br>of the form and fill in th |     |
|      |                             |  |                 | government assistand                                     |                          |   |          |                 |   |     |
|      | ficial Form 10              |  | i iiave iii     | ridded it on Schedule                                    | i. Your income           |   | _        | Your expe       | enses   |     |
| 4.   |                             | r home ownersh<br>d any rent for the               |                 | ses for your residence<br>or lot.                        | e. Include first mortgag | je<br>4.  | \$_      |                 | 1,689.00  |     |
|      | If not includ               | ed in line 4:                                      |                 |  |                          |   |          |                 |   |     |
|      | 4a. Real e                  | state taxes  |                 |  |                          | 4a.   | \$       |                 | 0.00  |     |
|      | •                           | rty, homeowner's                                   |                 |  |                          | 4b.   | · : -    |                 | 0.00  |     |
|      |                             | maintenance, repowner's associati                  |                 | upkeep expenses  |                          | 4c.<br>4d.  | - : -    |                 | 75.00   |     |
| 5.   |                             |  |                 | our residence, such as                                   | home equity loans        |   | \$<br>\$ |                 | 0.00<br>345.00  |     |

| ebtor 1 Francis N  |  |                  |                                       |                          |
|--|--|------------------|---------------------------------------|--------------------------|
| ebtor 2 Angeline   | Napolitano   | Case num         | nber (if known)                       |                          |
| I Itilities:   |  |                  |                                       |                          |
| Utilities:<br>6a. Electricity, h                           | notural goo  | 6a.              | \$                                    | E90.00                   |
| •  | neat, natural gas  | 6b.              |                                       | 580.00                   |
|  | er, garbage collection   |                  |                                       | 98.00                    |
| •  | cell phone, Internet, satellite, and cable services  | 6c.              | ·                                     | 410.00                   |
| 6d. Other. Spec  | •  | 6d.              | · -                                   | 0.00                     |
| Food and housel  | . •  | 7.               | ·                                     | 750.00                   |
|  | ildren's education costs   | 8.               |                                       | 0.00                     |
|  | , and dry cleaning   | 9.               | *                                     | 100.00                   |
| •  | oducts and services  | 10.              | · -                                   | 75.00                    |
| Medical and dent   | •  | 11.              | \$                                    | 500.00                   |
|  | nclude gas, maintenance, bus or train fare.  | 12.              | \$                                    | 275.00                   |
| Do not include car   |  |                  | *                                     |                          |
|  | ubs, recreation, newspapers, magazines, and books  | 13.              | · -                                   | 125.00                   |
|  | butions and religious donations  | 14.              | \$                                    | 0.00                     |
| i. Insurance.  | uranaa daduatad from vaur nav ar inaludad in linaa 4 ar 20   |                  |                                       |                          |
| 15a. Life insuran  | urance deducted from your pay or included in lines 4 or 20.  | 15a.             | \$                                    | 206.00                   |
| 15b. Health insur  |  |                  |                                       | 296.00                   |
| 15b. Health insur  |  | 15b.             | · -                                   | 0.00                     |
|  |  | 15c.             | ·                                     | 110.00                   |
| 15d. Other insura  | • • •  | 15d.             | \$                                    | 0.00                     |
|  | ude taxes deducted from your pay or included in lines 4 or 20.   |                  | œ.                                    | 0.00                     |
| Specify:   |  | 16.              | \$                                    | 0.00                     |
| <ol> <li>Installment or lea<br/>17a. Car paymer</li> </ol> |  | 17a.             | \$                                    | 100.00                   |
|  |  | 17a.<br>17b.     | ·                                     | 199.00                   |
| 17b. Car paymer  |  |                  |                                       | 0.00                     |
| 17c. Other. Spec   | •  | 17c.             | ·                                     | 0.00                     |
| 17d. Other. Spec   | ·  | 17d.             | \$                                    | 0.00                     |
|  | f alimony, maintenance, and support that you did not repo  |                  | \$                                    | 0.00                     |
|  | our pay on line 5, <i>Schedule I, Your Income</i> (Official Form 1<br>you make to support others who do not live with you. | 1001).           | \$                                    | 0.00                     |
| Specify:   | you make to support others who do not live with you.   | 19.              | · -                                   | 0.00                     |
|  | ty expenses not included in lines 4 or 5 of this form or on  |                  |                                       |                          |
| 20a. Mortgages   |  | 20a.             |                                       | 0.00                     |
| 20b. Real estate   |  | 20b.             | ·                                     | 0.00                     |
|  | omeowner's, or renter's insurance  | 20c.             |                                       | 0.00                     |
|  | e, repair, and upkeep expenses   | 20d.             | *                                     |                          |
|  |  |                  |                                       | 0.00                     |
|  | 's association or condominium dues   | 20e.             | · -                                   | 0.00                     |
| . Other: Specify:  | Pets   | 21.              | · · · · · · · · · · · · · · · · · · · | 50.00                    |
| H hair   |  |                  | +\$                                   | 20.00                    |
| W hair   |  |                  | +\$                                   | 50.00                    |
| Auto maintenai   | псе  |                  | +\$                                   | 75.00                    |
| 2. Calculate your m  | onthly expenses  |                  |                                       |                          |
| 22a. Add lines 4 th  |  |                  | \$                                    | 5,822.00                 |
|  | (monthly expenses for Debtor 2), if any, from Official Form 10   | 6 I-2            | \$                                    | 3,022.00                 |
|  |  | 00-Z             | ·                                     |                          |
| 22c. Add line 22a  | and 22b. The result is your monthly expenses.  |                  | \$                                    | 5,822.00                 |
| 3. Calculate your m  | onthly net income.   |                  |                                       |                          |
| •  | 2 (your combined monthly income) from Schedule I.  | 23a.             | \$                                    | 5,870.79                 |
| • • •  | nonthly expenses from line 22c above.  | 23b.             |                                       | 5,822.00                 |
| Loo. Copy your in  | , SAPOTIOGO ITOTA IIITO 220 GBOVO.   | 200.             |                                       | 3,022.00                 |
| 23c. Subtract voi  | ur monthly expenses from your monthly income.  |                  |                                       |                          |
|  | s your monthly net income.   | 23c.             | \$                                    | 48.79                    |
| THO TOOUR IS   | . jou  |                  | L                                     |                          |
| 1. Do you expect an  | increase or decrease in your expenses within the year af   | ter you file thi | s form?                               |                          |
| For example, do you  | expect to finish paying for your car loan within the year or do you expect   | your mortgage pa | ayment to increase                    | or decrease because of a |
| modification to the te                                     | rms of your mortgage?  |                  |                                       |                          |
| ■ No.  |  |                  |                                       |                          |
| ☐ Yes.   | Explain here:  |                  |                                       |                          |

|   | nation to identify your                                   | case:                    |   | 13-3753666   |
|---|---|--------------------------|---|--|
| Debtor 1  | Francis Napolita  | no                       |   |  |
|   | First Name  | Middle Name              | Last Name   |  |
| Debtor 2  | Angeline Napolit  | ano                      |   |  |
| (Spouse if, filing)                                 | First Name  | Middle Name              | Last Name   |  |
| United States Bar                                   | nkruptcy Court for the:                                   | EASTERN DISTRICT         | OF NEW YORK   |  |
| Case number   |   |                          |   | ☐ Check if this is an amended filing   |
| Official Form Declarati                             |   | an Individua             | l Debtor's Schedule   | <b>PS</b> 12/15  |
| two married no                                      | onlo are filing togethe                                   | or both are equally reen | ancible for cumplying correct informs   | tion   |
| rtwo married pe                                     | opie are ming togethe                                     | r, both are equally resp | onsible for supplying correct informa   | ation.   |
| obtaining money<br>rears, or both. 18               |   | in connection with a bar |   | alse statement, concealing property, or 5250,000, or imprisonment for up to 20     |
|   |   |                          |   |  |
| Did you pay   | or agree to pay some                                      | one who is NOT an atto   | orney to help you fill out bankruptcy fo  | orms?  |
| Did you pay   | or agree to pay some                                      | eone who is NOT an atto  | orney to help you fill out bankruptcy fo  | orms?  |
| ■ No  | or agree to pay some                                      | eone who is NOT an atto  | . Attach <i>Bankrup</i>   | orms?  http://orcy/Petition/Preparer's Notice, Declaration, Official Form 119).    |
| ■ No □ Yes. N                                       | ame of person   |                          | . Attach <i>Bankrup</i>   | otcy Petition Preparer's Notice, Declaration,<br>Official Form 119).               |
| ■ No □ Yes. N  Under penal that they are            | ame of person  ty of perjury, I declare true and correct. |                          | . Attach <i>Bankrup</i> and Signature (O  | otcy Petition Preparer's Notice, Declaration, Official Form 119).  declaration and |
| ■ No □ Yes. N  Under penalthat they are  X /s/ Fran | ame of person  ty of perjury, I declare                   |                          | . Attach <i>Bankrup</i><br>and Signature (O                                       | otcy Petition Preparer's Notice, Declaration, Official Form 119).  declaration and |
| ■ No □ Yes. N  Under penalthat they are  X /s/ Fran | ame of person  ty of perjury, I declare true and correct. |                          | . Attach <i>Bankrup</i> and Signature (O<br>mmary and schedules filed with this d | otcy Petition Preparer's Notice, Declaration, Official Form 119).  declaration and |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

| Fill ir   | this inforr              | nation to identify your                        | case:  |   |  | 13-3753666  |
|---|--------------------------|--|--|---|--|---|
| Debto   | or 1                     | Francis Napolita                               |  |   |  |   |
|   |                          | First Name                                     | Middle Name  | Last Name   |  |   |
| (Spous  | or 2<br>e if, filing)    | Angeline Napolit                               | Middle Name  | Last Name   |  |   |
|   |                          |  |  |   |  |   |
| Unite   | d States Ba              | nkruptcy Court for the:                        | EASTERN DISTRICT OF  | NEW YORK  |  |   |
| Case<br>(if know  | number<br><sub>vn)</sub> |  |  |   |  | check if this is an mended filing                     |
| Sta   | tement                   |  | Affairs for Individ  |   | ankruptcy  | 12/1:   |
|   |                          | nore space is needed,<br>n). Answer every ques | •  | this form. On the top of ar                           | ny additional pages, write yo                                    | ur name and case                                      |
| Part '  |                          |  | rital Status and Where You   | Lived Before  |  |   |
| 1. V  | Vhat is you              | r current marital statu                        | s?   |   |  |   |
|   | ■ Married □ Not mai      | ried   |  |   |  |   |
| 2. C  | Ouring the la            | ast 3 years, have you l                        | lived anywhere other than  | where you live now?                                   |  |   |
|   | ■ No<br>□ Yes. Lis       | t all of the places you li                     | W.   |   |  |   |
|   | Debtor 1 Pr              | ior Address:                                   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | ldress:  | Dates Debtor 2<br>lived there                         |
|   |                          |  |  |   | nity property state or territor<br>Rico, Texas, Washington and V |   |
|   | ■ No<br>□ Yes. Ma        | ake sure you fill out <i>Sch</i>               | edule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |
| Part :  | 2 Explai                 | n the Sources of Your                          | ncome  |   |  |   |
| F   | fill in the tota         | al amount of income you                        | <b>iployment or from operatin</b><br>u received from all jobs and a<br>have income that you receiv | all businesses, including par                         |  | ndar years?   |
|   | ☐ No<br>■ Yes. Fil       | in the details.                                |  |   |  |   |
|   |                          |  | Debtor 1   |   | Debtor 2   |   |
|   |                          |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2015) |                          |  | ■ Wages, commissions, bonuses, tips  | \$39,600.00   | ☐ Wages, commissions, bonuses, tips                              | \$0.00  |
|   |                          |  | ☐ Operating a business   |   | ☐ Operating a business   |   |

Official Form 107

| Debtor 1<br>Debtor 2 |  | ıncis Napo<br>geline Na <sub>l</sub>        |   |   |  |  | Ca  | ase num                            | ber (if known)                |               |   |
|----------------------|--|---|---|---|--|--|---|------------------------------------|-------------------------------|---------------|---|
|                      |  |   |   | Debtor 1                                      |  |  |   | Deh                                | otor 2                        |               |   |
|                      |  |   |   | Sources                                       | of income<br>that apply.                                 | (befo  | s income<br>re deductions and<br>sions)   | Sou                                | rces of inceck all that a     |               | Gross income<br>(before deductions<br>and exclusions) |
|                      |  | lar year bef<br>December 3                  |   |   | ■ Wages, commissions, bonuses, tips \$45,646.00          |  |   | Wages, cor<br>uses, tips           | nmissions,                    | \$0.00        |   |
|                      |  |   |   | ☐ Opera                                       | ing a business   |  |   |                                    | Operating a                   | business      |   |
| Inclu<br>uner<br>gam | ide ind<br>nployr<br>bling a<br>each s | ome regard<br>nent, and ot<br>and lottery w | less of wheth<br>her public be<br>innings. If yo<br>ne gross inco | ner that inco<br>nefit payme<br>ou are filing | ome is taxable. Exents; pensions; re a joint case and y  | camples ontal incomous transfer incomo the contraction of the contract | us calendar years of other income ar me; interest; divide income that you re not include income | re alimon<br>lends; mo<br>received | oney collect<br>together, lis | ted from laws | suits; royalties; and                                 |
|                      |  |   |   | Debtor 1                                      |  |  |   | Deb                                | otor 2                        |               |   |
|                      |  |   |   | Sources of Describe b                         |  | (befo  | s income<br>re deductions and<br>sions)   |                                    | irces of inc<br>cribe below   |               | Gross income (before deductions and exclusions)       |
|                      |  | dar year:<br>December 3                     | 31, 2015 )  | Retireme                                      | ent Income   |  | \$37,000.00   | 0                                  |                               |               |   |
|                      |  | lar year bef<br>December 3                  |   | 2014 Pei                                      | nsion  |  | \$40,000.00   | 0                                  |                               |               |   |
| Part 3:              | List                                   | Certain Pa                                  | yments You  | Made Befo                                     | re You Filed for   | Bankruj  | otcy  |                                    |                               |               |   |
| 6. Are □             | <b>either</b><br>No.                   | Neither De                                  | btor 1 nor D  | ebtor 2 ha                                    | imarily consume<br>s primarily cons<br>amily, or househo | umer de  | bts. Consumer de  | ebts are o                         | defined in 1                  | 1 U.S.C. § 1  | 01(8) as "incurred by an                              |
|                      |  | During the No.                              |   |   | for bankruptcy, d  | lid you pa   | ay any creditor a to  | otal of \$6                        | ,225* or m                    | ore?          |   |
|                      |  | ☐ Yes                                       |   | ach credito                                   |  |  |   |                                    |                               |               | the total amount you                                  |
|                      |  | * Subject t                                 | not include   | payments t                                    | o an attorney for t                                      | this bank  |   | J                                  | ,                             | • • •         | and alimony. Also, do                                 |
|                      | Yes.                                   | Debtor 1 o                                  | r Debtor 2 o  | r both hav                                    | e primarily cons   | umer de  | bts.  |                                    |                               |               |   |
|                      |  |   |   |   | •  |  | ay any creditor a to  | otal of \$6                        | 00 or more                    | ?             |   |
|                      |  | No.   | Go to line 7  |   |  |  |   |                                    |                               |               |   |
|                      |  | □ Yes                                       | include pay   | ments for d                                   | , ,  |  |   |                                    |                               |               | at creditor. Do not include payments to               |
| Cre                  | ditor's                                | s Name and                                  | Address   |   | Dates of payme   | ent  | Total amount paid   | Am                                 | ount you<br>still owe         | Was this      | payment for   |

|     | btor 2 Angeline Napolitano  |   | Cas  | e number (if known)                       |                                    |                                   |
|-----|---|---|--|---|------------------------------------|-----------------------------------|
| 7.  | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p corporations of which you are an officer, direincluding one for a business you operate as a support and alimony. | artners; relatives of any gent<br>ctor, person in control, or o | neral partners; partners wner of 20% or more | erships of which your of their voting sec | ou are a gener<br>curities; and ar | al partner;<br>ny managing agent, |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>   |   |  |   |                                    |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                            | Amount you still owe                      | Reason for                         | this payment                      |
| 8.  | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co  |   | yments or transfer a                         | any property on a                         | ccount of a d                      | ebt that benefited an             |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>   |   |  |   |                                    |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount                                 | Amount you                                |                                    | this payment                      |
| Dox | rt 4: Identify Legal Actions, Repossessio   | and Forcelecures  | paid   | still owe                                 | Include cred                       | itor's name                       |
|     | , , ,   | •   | my lawayit aayut aa                          | tion or administ                          | rativa praga                       | lina?                             |
| 9.  | Within 1 year before you filed for bankrup<br>List all such matters, including personal injur-<br>modifications, and contract disputes.   |   |  |   |                                    |                                   |
|     | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>  |   |  |   |                                    |                                   |
|     | Case title Case number  | Nature of the case  | Court or agency                              |   | Status of th                       | e case                            |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below   |   | erty repossessed, f                          | oreclosed, garnis                         | shed, attache                      | d, seized, or levied?             |
|     | <ul><li>No</li><li>Yes. Fill in the information below.</li></ul>  |   |  |   |                                    |                                   |
|     | Creditor Name and Address   | Describe the Property   |  | Date                                      |                                    | Value of the property             |
|     |   | Explain what happene  | d  |   |                                    | property                          |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  |   | cluding a bank or fi                         | nancial institutio                        | n, set off any                     | amounts from your                 |
|     | Yes. Fill in the details.   |   |  |   |                                    |                                   |
|     | Creditor Name and Address   | Describe the action the   | e creditor took                              | Date<br>taken                             | action was                         | Amount                            |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  |   | erty in the possess                          | ion of an assigne                         | ee for the ben                     | efit of creditors, a              |
|     | ■ No □ Yes  |   |  |   |                                    |                                   |
| Par | rt 5: List Certain Gifts and Contributions  |   |  |   |                                    |                                   |
| 13. | Within 2 years before you filed for bankru  No  | ptcy, did you give any gif                                      | ts with a total value                        | of more than \$60                         | 00 per person                      | ?                                 |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  | Describe the diffe  |  | Dotos                                     | S VOIL COVO                        | Value                             |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  |  | the g                                     | s you gave<br>ifts                 | Value                             |
|     | Person to Whom You Gave the Gift and Address:   |   |  |   |                                    |                                   |

|     | btor 1 Francis Napolitano btor 2 Angeline Napolitano   |                           | Ca  | ase numbe    | (if known)  |                        |
|-----|--|---------------------------|---|--------------|---|------------------------|
| 14. | Within 2 years before you filed for bankr  | ruptcy,                   | did you give any gifts or contributions   | s with a to  | tal value of more than                            | \$600 to any charity   |
|     | ■ No   | ,                         |   |              |   |                        |
|     | ☐ Yes. Fill in the details for each gift or o  | contribu                  | ution.  |              |   |                        |
|     | Gifts or contributions to charities that more than \$600<br>Charity's Name   | total                     | Describe what you contributed   |              | Dates you contributed                             | Value                  |
|     | Address (Number, Street, City, State and ZIP Code  | e)                        |   |              |   |                        |
| Pai | rt 6: List Certain Losses  |                           |   |              |   |                        |
| 15. | Within 1 year before you filed for bankru disaster, or gambling?   | ıptcy o                   | or since you filed for bankruptcy, did yo   | ou lose an   | ything because of the                             | ft, fire, other        |
|     | ■ No   |                           |   |              |   |                        |
|     | ☐ Yes. Fill in the details.  |                           |   |              |   |                        |
|     | Describe the property you lost and   | Desci                     | ribe any insurance coverage for the los   | ss           | Date of your                                      | Value of property      |
|     | how the loss occurred  | Includ                    | de the amount that insurance has paid. Ling insurance claims on line 33 of Schedu | st           | loss  | lost                   |
| Pai | rt 7: List Certain Payments or Transfers   | s                         |   |              |   |                        |
| ıc  | Within 1 year before you filed for bankru  | ıntov.                    | did you or anyone also seting on your   | hahalf nav   | or transfer any prope                             | rty to anyone you      |
| 10. | consulted about seeking bankruptcy or<br>Include any attorneys, bankruptcy petition p  | prepar                    | ing a bankruptcy petition?  |              |   | aty to anyone you      |
|     | ■ No   |                           |   |              |   |                        |
|     | Yes. Fill in the details.  |                           |   |              |   |                        |
|     | Person Who Was Paid  |                           | Description and value of any prope  | rtv          | Date payment                                      | Amount of              |
|     | Address Email or website address Person Who Made the Payment, if Not \   | You                       | transferred   | ,            | or transfer was<br>made                           | payment                |
| 17. | Within 1 year before you filed for bankru<br>promised to help you deal with your cree<br>Do not include any payment or transfer that   | ditors                    | or to make payments to your creditors   |              | or transfer any prope                             | rty to anyone who      |
|     | ■ No   |                           |   |              |   |                        |
|     | ☐ Yes. Fill in the details.  |                           |   |              |   |                        |
|     | Person Who Was Paid<br>Address   |                           | Description and value of any prope transferred                                    | rty          | Date payment or transfer was made                 | Amount of payment      |
| 18. | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No | u <b>r busi</b><br>s made | iness or financial affairs?<br>e as security (such as the granting of a se        |              | pperty to anyone, othe                            |                        |
|     | Yes. Fill in the details.  |                           |   |              |   |                        |
|     | Person Who Received Transfer Address   |                           | Description and value of property transferred                                     |              | any property or<br>s received or debts<br>xchange | Date transfer was made |
|     | Person's relationship to you   |                           |   |              |   |                        |
| 19. | Within 10 years before you filed for bank beneficiary? (These are often called asset No  |                           |   | lf-settled t | rust or similar device                            | of which you are a     |
|     | Yes. Fill in the details.  |                           |   |              |   |                        |
|     | Name of trust  |                           | Description and value of the proper   | rty transfei | rred  | Date Transfer was made |
|     |  |                           |   |              |   |                        |

Case number (if known)

| Include checking, s                       | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No |  |   |              |  |   |  |  |  |
|---|--|--|---|--------------|--|---|--|--|--|
| Yes. Fill in the                          | details.   |  |   |              |  |   |  |  |  |
|   | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   |  | Type of account or instrument                     |              | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| TD Bank                                   |  | XXXX-0   | ☐ Checking ☐ Savings ☐ Money M ☐ Brokerag ■ Other | larket<br>je | August 3 2015<br>Balance: -\$30                      | \$30.00                                       |  |  |  |
| Do you now have, o cash, or other value   | •  | year before you filed                                      | for bankruptcy,                                   | any safe d   | eposit box or other depo                             | sitory for securities,                        |  |  |  |
| ☐ Yes. Fill in the                        | details.   |  |   |              |  |   |  |  |  |
| Name of Financial<br>Address (Number, Str | Institution<br>eet, City, State and ZIP Code)  | Who else had a Address (Numbe State and ZIP Code)          | er, Street, City,                                 | Describe     | e the contents                                       | Do you still have it?                         |  |  |  |
| Have you stored pr                        | operty in a storage unit   | or place other than ye                                     | our home withir                                   | n 1 year bef | ore you filed for bankrup                            | tcy   |  |  |  |
| ■ No<br>□ Yes. Fill in the                | details.   |  |   |              |  |   |  |  |  |
| Name of Storage F<br>Address (Number, Str | Facility reet, City, State and ZIP Code)   | Who else has of to it? Address (Number State and ZIP Code) | er, Street, City,                                 | Describe     | e the contents                                       | Do you still have it?                         |  |  |  |
| rt 9: Identify Prop                       | erty You Hold or Contro  | I for Someone Else   |   |              |  |   |  |  |  |
| Do you hold or con for someone.           | trol any property that so  | omeone else owns? Ir                                       | nclude any prop                                   | erty you bo  | prrowed from, are storing                            | for, or hold in trust                         |  |  |  |
| ■ No<br>□ Yes. Fill in the                | e details.   |  |   |              |  |   |  |  |  |
| Owner's Name<br>Address (Number, Str      | reet, City, State and ZIP Code)  | Where is the p<br>(Number, Street, Cit<br>Code)            |   | Describ      | e the property                                       | Value   |  |  |  |
| rt 10: Give Details                       | About Environmental In   | formation  |   |              |  |   |  |  |  |
| Give Details /                            |  |  |   |              |  |   |  |  |  |
|   | 10, the following definit  | ions apply:  |   |              |  |   |  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Francis Napolitano
Debtor 2 Angeline Napolitano

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

|   | tor 1 Francis Napolitano tor 2 Angeline Napolitano   |   | Case number (if known)   |                    |
|---|--|---|--|--------------------|
| 24.   | Has any governmental unit notified you that  ■ No  | you may be liable or potentially liable                                 | under or in violation of an environm                             | ental law?         |
|   | Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it                                | Date of notice     |
| 25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details. |  |   |  |                    |
|   | Name of site<br>Address (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it                                | Date of notice     |
| 26.   | Have you been a party in any judicial or adm ■ No □ Yes. Fill in the details.              | ninistrative proceeding under any envi                                  | ronmental law? Include settlements                               | and orders.        |
|   | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case   | Status of the case |
| Par   | 11: Give Details About Your Business or 0  | Connections to Any Business   |  |                    |
| 27.   | Within 4 years before you filed for bankrupt   | cy, did you own a business or have an                                   | y of the following connections to any                            | y business?        |
|   | ☐ A sole proprietor or self-employed in  | n a trade, profession, or other activity,                               | either full-time or part-time                                    |                    |
|   | ☐ A member of a limited liability comp   | any (LLC) or limited liability partnershi                               | ip (LLP)   |                    |
|   | ☐ A partner in a partnership   |   |  |                    |
|   | ☐ An officer, director, or managing exe  | ecutive of a corporation  |  |                    |
|   | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation                                 |  |                    |
|   | ■ No. None of the above applies. Go to F   | Part 12.  |  |                    |
|   | ☐ Yes. Check all that apply above and fill   | in the details below for each business                                  | i.   |                    |
|   | Business Name<br>Address   | Describe the nature of the business                                     | Employer Identification number<br>Do not include Social Security |                    |
|   | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  | Dates business existed   |                    |
| 28.   | Within 2 years before you filed for bankrupt<br>institutions, creditors, or other parties. | cy, did you give a financial statement t                                |  | ude all financial  |
|   | ■ No □ Yes. Fill in the details below.   |   |  |                    |
|   | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                              | Date Issued   |  |                    |
|   |  |   |  |                    |

Case 1-16-41034-ess Doc 1 Filed 03/15/16 Entered 03/15/16 13:12:11

| Debtor 1              | Francis Napolitano                      |                  |                         |   |
|-----------------------|---|------------------|-------------------------|---|
| Debtor 2              | Angeline Napolitano                     |                  |                         | Case number (if known)  |
| Part 12:              | Sign Below                              |                  |                         |   |
| are true a with a bar |   | alse statement   | , concealing propert    | and I declare under penalty of perjury that the answers<br>y, or obtaining money or property by fraud in connection<br>20 years, or both. |
| /s/ Fran              | cis Napolitano                          | /s/ An           | geline Napolitano       |   |
| Francis               | Napolitano                              | Ange             | line Napolitano         |   |
| Signatur              | e of Debtor 1                           | _                | ture of Debtor 2        |   |
| Date N                | larch 11, 2016                          | Date             | March 11, 2016          |   |
| Did you a ■ No □ Yes  | ttach additional pages to Your Statemen | nt of Financial  | Affairs for Individual  | s Filing for Bankruptcy (Official Form 107)?  |
| Did you p ■ No        | ay or agree to pay someone who is not a | an attorney to   | help you fill out bank  | ruptcy forms?   |
| ☐ Yes. N              | ame of Person Attach the <i>Bankrup</i> | tcy Petition Pre | eparer's Notice, Declar | ation, and Signature (Official Form 119).   |

| Fill in this info  | rmation to identify your   | case:  |   |                     | 13-3753666                                     |
|--|--|--|---|---------------------|--|
| Debtor 1   | Francis Napolitar  |  |   |                     |  |
| Debtor 2   | First Name   | Middle Name  | Last Name   |                     |  |
| (Spouse if, filing)  | Angeline Napolita  | Middle Name  | Last Name   |                     |  |
| United States B  | Sankruptcy Court for the:  | EASTERN DISTRIC  | T OF NEW YORK   |                     |  |
| Case number  |  |  |   |                     |  |
| (if known)   |  |  |   |                     | Check if this is an amended filing             |
| f you are an ind<br>creditors have<br>you have lea<br>You must file th | dividual filing under cha<br>ve claims secured by you<br>ased personal property a<br>his form with the court was<br>vever is earlier, unless the | pter 7, you must fill our property, or not the lease has not it in 30 days after you |   | he date set for the |  |
| sign a<br>Be as complete<br>write y                                    | and date the form.   | le. If more space is inber (if known).   | n are equally responsible for supplying needed, attach a separate sheet to this   |                     |  |
|  | itors that you listed in Pa  |  | Creditors Who Have Claims Secured b   | y Property (Officia | al Form 106D), fill in the                     |
|  | reditor and the property t   | hat is collateral  | What do you intend to do with the pro secures a debt?   |                     | d you claim the property exempt on Schedule C? |
| Creditor's (   | Cap1/polrs   |  | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>  |                     | No   |
| Description o<br>property<br>securing deb                              | of Motorcycle loan   |  | ■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:                             |                     | Yes  |
| Creditor's (   | Citibankna   |  | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>  |                     | No   |
| Description o  | of Credit Line Secure  | d  | <ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> </ul> |                     | Yes  |
| securing deb   | t:   |  | retain and make scheduled payn  | nents               |  |
| Creditor's   | M & T Bank   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.  |                     | No   |
| Description o  | of Real Estate Mortga  | age  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.  | •                   | Yes  |
| property   |  |  | Retain the property and [explain]:  |                     |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

B8 (Form 8) (12/08)
securing debt:
Page 2
retain and make scheduled payments

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases  | Will the lease be assumed?  |
|---|---|
| Lessor's name:  | □ No  |
| Description of leased<br>Property:  | ☐ Yes   |
| Lessor's name: Description of leased  | □ No  |
| Property:   | ☐ Yes   |
| Lessor's name: Description of leased  | □ No  |
| Property:   | ☐ Yes   |
| Lessor's name: Description of leased  | □ No  |
| Property:   | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased<br>Property:  | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased<br>Property:  | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased<br>Property:  | ☐ Yes   |
| Part 3: Sign Below  |   |
| Under penalty of perjury, I declare that I have indicated my inte property that is subject to an unexpired lease. | ention about any property of my estate that secures a debt and any personal |
| X /s/ Francis Napolitano  | X /s/ Angeline Napolitano   |
| Francis Napolitano  | Angeline Napolitano   |
| Signature of Debtor 1   | Signature of Debtor 2   |
| Date March 11, 2016   | Date March 11, 2016   |

Official Form 108

|                     |  |  |   |                            |                                       | 13-3753666           |
|---------------------|--|--|---|----------------------------|---------------------------------------|----------------------|
| Fill in             | this information to identify your case:  |  | heck one box only a orm 122A-1Supp:                     | s directed                 | d in this form a                      | nd in                |
| Debto               | Francis Napolitano   |  |   |                            |                                       |                      |
| Debto               | 7  |  |   |                            |                                       |                      |
| (Spou               | use, if filing)  |  | ☐ 1. There is no pres                                   | sumption o                 | f abuse                               |                      |
| United              | d States Bankruptcy Court for the: _Eastern District   | of New York  | ■ 2. The calculation                                    | •                          |                                       | ion of abuse         |
| Case                | number   |  |   | made unde                  | er <i>Chapter 7 Mea</i>               |                      |
|                     | ,  |  | ☐ 3. The Means Test qualified military                  |                            | apply now becau<br>out it could apply |                      |
|                     |  |  | ☐ Check if this is a                                    | an amend                   | led filing                            |                      |
| Offic               | cial Form 122A - 1   |  |   |                            |                                       |                      |
| Cha                 | apter 7 Statement of Your C  | urrent Monthly In  | come  |                            |                                       | 12/15                |
|                     | complete and accurate as possible. If two marri  |  |   |                            |                                       |                      |
| you do              | onal pages, write your name and case number (in onot have primarily consumer debts or because mption of Abuse Under § 707(b)(2) (Official Form Calculate Your Current Monthly Income   | of qualifying military service,  |   |                            |                                       |                      |
| 1. <b>V</b>         | What is your marital and filing status? Check one  | e only.  |   |                            |                                       |                      |
|                     | □ Not married. Fill out Column A, lines 2-11.  |  |   |                            |                                       |                      |
| ı                   | ■ Married and your spouse is filing with you. Fi   | Il out both Columns A and B, line  | es 2-11.  |                            |                                       |                      |
|                     | $\square$ Married and your spouse is NOT filing with yo  | ou. You and your spouse are:   |   |                            |                                       |                      |
|                     | ☐ Living in the same household and are not I   | egally separated. Fill out both 0  | Columns A and B, lines                                  | 2-11.                      |                                       |                      |
|                     | Living separately or are legally separated. If penalty of perjury that you and your spouse a living apart for reasons that do not include evaluate.  | re legally separated under nonba   | ankruptcy law that appli                                | ies or that                |                                       |                      |
| cas<br>of y<br>inco | I in the average monthly income that you receive<br>se. 11 U.S.C. § 101(10A). For example, if you are fill<br>your monthly income varied during the 6 months, ac<br>ome amount more than once. For example, if both so<br>ou have nothing to report for any line, write \$0 in the | ing on September 15, the 6-mor<br>ld the income for all 6 months ar<br>spouses own the same rental pro | on the period would be Ma<br>and divide the total by 6. | rch 1 throu<br>Fill in the | ugh August 31. If result. Do not inc  | the amount clude any |
|                     |  |  | Column A Debtor 1                                       | Column Debtor              |                                       |                      |
|                     | Your gross wages, salary, tips, bonuses, overtinal payroll deductions).  | ne, and commissions (before  | \$ 3,466.00   | \$                         | 0.00                                  |                      |
|                     | <b>Alimony and maintenance payments.</b> Do not inclu<br>Column B is filled in.  | de payments from a spouse if   | \$  | \$                         | 0.00                                  |                      |
| fr<br>a             | All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your housel and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 5                      | ort. Include regular contributions nold, your dependents, parents, a spouse only if Column B is not    | S   | \$                         | 0.00                                  |                      |
| 5. <b>N</b>         | Net income from operating a business, profession   |  |   |                            |                                       |                      |
|                     |  | Debtor 1   |   |                            |                                       |                      |
|                     | Gross receipts (before all deductions)   | \$ 0.00  |   |                            |                                       |                      |
|                     | Ordinary and necessary operating expenses  | -\$ 0.00   Copy here -   | > \$ 0.00   | \$                         | 0.00                                  |                      |
|                     | Net monthly income from a business, profession, or   | rarm \$Copy fiere -  | <u>U.UU</u>   | Ψ                          | <u> </u>                              |                      |
| 6. <b>N</b>         | Net income from rental and other real property   | Debtor 1   |   |                            |                                       |                      |
| G                   | Gross receipts (before all deductions)   | \$ 0.00  |   |                            |                                       |                      |
|                     | Ordinary and necessary operating expenses  | -\$ 0.00   |   |                            |                                       |                      |

Official Form 122A-1

0.00 Copy here -> \$

\$

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

0.00

0.00

0.00

0.00

\$

Case number (if known)

|      |  |  |              | Column A Debtor 1                      |             | Column B Debtor 2 o |                    |               |
|------|--|--|--------------|--|-------------|---------------------|--------------------|---------------|
| 8.   | Unemployment compensation  |  |              | \$                                     | 0.00        | \$                  | 0.00               |               |
|      | Do not enter the amount if you contend that the amoun under the Social Security Act. Instead, list it here:  | t received was a bene                          | fit          |  |             |                     |                    |               |
|      | For you \$   |  | 00           |  |             |                     |                    |               |
|      | For your spouse \$   | 0.0  | 00           |  |             |                     |                    |               |
| 9.   | <b>Pension or retirement income.</b> Do not include any an benefit under the Social Security Act.  | nount received that wa                         | as a         | \$3,                                   | ,083.00     | \$                  | 0.00               |               |
| 10.  | Income from all other sources not listed above. Spe<br>Do not include any benefits received under the Social S<br>received as a victim of a war crime, a crime against hu<br>domestic terrorism. If necessary, list other sources on a<br>total below. | Security Act or paymer manity, or internationa | nts<br>Il or |  |             |                     |                    |               |
|      | ·  |  |              | \$                                     | 0.00        | \$                  | 0.00               |               |
|      |  |  |              | \$                                     | 0.00        | \$                  | 0.00               |               |
|      | Total amounts from separate pages, if any.   |  | +            | <b>\$</b>                              | 0.00        | \$                  | 0.00               |               |
| 11.  | Calculate your total current monthly income. Add lir each column. Then add the total for Column A to the to  |  | \$           | 6,549.00                               | + -         | 0.00                | = \$               | 6,549.00      |
| Part | 2: Determine Whether the Means Test Applies t  | o You  |              |  |             |                     | Total cu<br>income | rrent monthly |
| 12   | Calculate your current monthly income for the year   | . Follow these steps:                          |              |  |             |                     |                    |               |
|      | 12a. Copy your total current monthly income from line  | ·  |              | Сор                                    | y line 11   | here=>              | \$                 | 6,549.00      |
|      |  |  |              | ······································ |             |                     |                    | 5,6 10100     |
|      | Multiply by 12 (the number of months in a year)  |  |              |  |             |                     | x 12               | 2             |
|      | 12b. The result is your annual income for this part of th  | e form   |              |  |             | 12                  | b. \$ <b>7</b>     | 8,588.00      |
| 13.  | Calculate the median family income that applies to   | you. Follow these step                         | ps:          |  |             |                     |                    |               |
|      | Fill in the state in which you live.   | NY   |              |  |             |                     |                    |               |
|      | Fill in the number of people in your household.  | 3  |              |  |             |                     |                    |               |
|      | Fill in the median family income for your state and size   | of household.                                  |              |  |             | 13.                 | . 8 7              | 2,869.00      |
|      | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank  |  | specifie     | d in the sepa                          | rate instru | ctions              |                    |               |
| 14.  | How do the lines compare?  |  |              |  |             |                     |                    |               |
|      | 14a. Line 12b is less than or equal to line 13. O Go to Part 3.  | n the top of page 1, ch                        | neck bo      | ox 1, <i>There is</i>                  | no presui   | mption of abu       | ıse.               |               |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.   | of page 1, check box 2                         | t, The p     | oresumption o                          | of abuse is | determined          | by Form 12         | 22A-2.        |
| Part |  |  |              |  |             |                     |                    |               |
| ıaıı | By signing here, I declare under penalty of perjury  | that the information o                         | n this s     | statement and                          | d in anv at | tachments is        | true and co        | orrect.       |
|      |  |  |              |  | -           |                     |                    |               |
|      | X /s/ Francis Napolitano Francis Napolitano  |  |              | geline Napo<br>ne Napolita             |             |                     |                    | -             |
|      | Signature of Debtor 1  | S  | Signatu      | re of Debtor 2                         |             |                     |                    |               |
|      | Date March 11, 2016 MM / DD / YYYY   |  |              | <b>11, 2016</b><br>D / YYYY            |             |                     |                    |               |
|      | If you checked line 14a, do NOT fill out or file Form  | n 122A-2.                                      |              |  |             |                     |                    |               |
|      | If you checked line 14b, fill out Form 122A-2 and f  | ile it with this form.                         |              |  |             |                     |                    |               |

Francis Napolitano

Angeline Napolitano

Debtor 1 Debtor 2

### Case 1-16-41034-ess Doc 1 Filed 03/15/16 Entered 03/15/16 13:12:11

| Debtor 1 | Francis Napolitano  |                        |  |
|----------|---------------------|------------------------|--|
|          | Angeline Napolitano | Case number (if known) |  |

|      |   | 13-3753   |
|------|---|---|
| Fill | Il in this information to identify your case:   | Check the appropriate box as directed in lines 40 or 42:    |
| De   | ebtor 1 Francis Napolitano  | lifles 40 of 42.  |
| 1    | ebtor 2 Angeline Napolitano   | According to the calculations required by this Statement:   |
| (Sp  | pouse, if filing)   | ■ 1. There is no presumption of abuse.                      |
| Un   | nited States Bankruptcy Court for the: Eastern District of New York   | - 1. There is no presumption of abuse.                      |
| Ca   | ase number  | ☐ 2. There is a presumption of abuse.                       |
|      | known)  |   |
|      |   | ☐ Check if this is an amended filing                        |
|      | fficial Form 122A - 2   |   |
| Cł   | hapter 7 Means Test Calculation   | 12/1  |
| To 1 | fill out this form, you will need your completed copy of Chapter 7 Statem   | ment of Your Current Monthly income (Official Form 122A-1). |
| spa  | as complete and accurate as possible. If two married people are filing to ace is needed, attach a separate sheet to this form, Include the line numb ditional pages, write your name and case number (if known).                                  |   |
| Pa   | Trt 1: Determine Your Adjusted Income   |   |
| 1.   | Copy your total current monthly income. Copy line 11 f  | from Official Form 122A-1 here=> \$ 6,549.00                |
| 2.   | Did you fill out Column B in Part 1 of Form 122A-1?   |   |
|      | □ No. Fill in \$0 for the total on line 3.  |   |
|      | ■ Yes. Is your spouse Filing with you?  |   |
|      | ☐ No. Go to line 3.   |   |
|      | Yes. Fill in \$0 for the total on line 3.   |   |
| 3.   | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps:  On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? |   |
|      | ■ No. Fill in 0 for the total on line 3   |   |
|      | $\square$ Yes. Fill in the information below:   |   |
|      |   |   |
|      | State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to  | Fill in the amount you are subtracting from                 |
|      | support other than you or your dependents.  | your spouse's income  |
|      | ·   | \$  |
|      |   | r.  |
|      |   |   |
|      |   | _ \$  |
|      | Total.  | \$ 0.00   |
|      |   | Copy total here=> \$ 0.00                                   |
|      |   | ·   |
| 4    | Adjust your current monthly income. Subtract line 3 from line 1.  | \$ 6,549.00   |
| т.   | ragast your ourront monthly modifier outstact life of foll life 1.  | * <u>_</u> · · · · · · · · · · · · · · · · · · ·            |

Official Form 122A-2

| Debtor 1<br>Debtor 2 |  |  | Case number (if known)  |                        |
|----------------------|--|--|---|------------------------|
| Part 2               | Calculate Your Deductions from Your Income   |  |   |                        |
| to a                 | Internal Revenue Service (IRS) issues National and L<br>nswer the questions in lines 6-15. To find the IRS sta<br>ructions for this form. This information may also be a   | ndards, go online                          | using the link specified in the s   |                        |
| of y                 | luct the expense amounts set out in lines 6-15 regardless<br>our actual expenses if they are higher than the standards<br>ome in line 3 and do not deduct any operating expenses the   | . Do not deduct an                         | y amounts that you subtracted fro   | your spouse's          |
| If yo                | our expenses differ from month to month, enter the average   | ge expense.                                |   |                        |
| Whe                  | enever this part of the from refers to you, it means both you  | ou and your spous                          | e if Column B of Form 122A-1 is fil                                       | led in.                |
| 5.                   | The number of people used in determining your ded  | luctions from inco                         | ome   |                        |
|                      | Fill in the number of people who could be claimed as explus the number of any additional dependents whom you the number of people in your household.   |  |   | 3                      |
| Nati                 | ional Standards You must use the IRS Nationa   | l Standards to ans                         | wer the questions in lines 6-7.   |                        |
| 6.                   | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and  |  | d in line 5 and the IRS National  | \$1,249.00             |
| 7.                   | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional control of the contr | nber of people is sp<br>a higher IRS allow | olit into two categoriespeople who<br>ance for health care costs. If your | o are under 65 and     |
| Peo                  | ple who are under 65 years of age  |  |   |                        |
|                      | 7a. Out-of-pocket health care allowance per person   | \$60                                       | _   |                        |
|                      | 7b. Number of people who are under 65  | X3   |   |                        |
|                      | 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$180.00                                   | Copy here=> \$  | 180.00                 |
| Peo                  | ple who are 65 years of age or older   |  |   |                        |
|                      | 7d. Out-of-pocket health care allowance per person   | \$ 144                                     | _   |                        |
|                      | 7e. Number of people who are 65 or older   | xo   |   |                        |
|                      | 7f. <b>Subtotal.</b> Multiply line 7d by line 7e.  | \$0.00                                     | Copy here=> +\$   | 0.00                   |
|                      | 7g. Total. Add line 7c and line 7f   |  | \$Copy  | total here=> \$ 180.00 |
|                      |  |  |   |                        |

Francis Napolitano

Debtor 1 Prancis Napolitano Angeline Napolitano

Case number (if known)

| Loc        | al Sta  | andards You m                          | ust use the IRS Local Standards to   | o answer the    | questions in li   | nes 8-15.      |            |            |                                 |  |
|------------|---|--|--|-----------------|-------------------|----------------|------------|------------|---------------------------------|--|
|            |   | n information fro<br>tcy purposes into | m the IRS, the U.S. Trustee Progotwo parts:  | gram has div    | vided the IRS     | Local Stand    | dard for h | ousing for |                                 |  |
|            | lous  | ing and utilities -                    | Insurance and operating expens   | ses             |                   |                |            |            |                                 |  |
| <b>=</b> 1 | lous  | ing and utilities -                    | Mortgage or rent expenses  |                 |                   |                |            |            |                                 |  |
| To         | answ  | er the questions                       | in lines 8-9, use the U.S. Trustee   | e Program c     | hart.             |                |            |            |                                 |  |
|            |   |  | using the link specified in the sepailable at the bankruptcy clerk's offi                |                 | tions for this fo | rm.            |            |            |                                 |  |
| 8.         | 8. <b>Housing and utilities - Insurance and operating expenses:</b> Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses |  |  |                 |                   |                |            |            |                                 |  |
| 9.         | Hou   | using and utilities                    | s - Mortgage or rent expenses:   |                 |                   |                |            |            |                                 |  |
|            | 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses  |  |  |                 |                   | \$             | 2,056.00   |            |                                 |  |
|            | 9b.   | Total average me                       | onthly payment for all mortgages a   | and other deb   | ots secured by    | your home.     |            |            |                                 |  |
|            |   | contractually due                      | total average monthly payment, ace to each secured creditor in the 60 Then divide by 60. |                 |                   |                |            |            |                                 |  |
|            |   | Name of the cred                       | ditor  | Averaç<br>payme | ge monthly<br>ent |                |            |            |                                 |  |
|            |   | Citibankna                             |  | \$              | 1,689.00          |                |            |            |                                 |  |
|            |   | M & T Bank                             |  | \$              | 355.00            |                |            |            |                                 |  |
|            |   |  | Total average monthly paymen   | t \$            | 2,044.00          | Copy<br>here=> | -\$        | 2,044.00   | Repeat this amount on line 33a. |  |
|            |   |  |  |                 |                   |                |            |            |                                 |  |

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 684.00

| Debtor 1<br>Debtor 2 |                      | is Napolitano<br>line Napolitano                                     |  |                    |            | Case nu            | ımber ( <i>if k</i> | rnown)          |  |        |
|----------------------|----------------------|--|--|--------------------|------------|--------------------|---------------------|-----------------|--|--------|
|                      | You may              |  | <b>(pense:</b> Using the IRS Local if you do not make any loan                             |                    |            |                    |                     |                 |  |        |
| Veh                  | nicle 1              | Describe Vehicle 1:  | Motorcycle Ioan  |                    |            |                    |                     |                 |  |        |
| 13a.                 | Ownersh              | ip or leasing costs usin   | g IRS Local Standard   |                    |            | \$                 |                     | 517.00          |  |        |
|                      | •                    | monthly payment for al   | I debts secured by Vehicle 1 vehicles.   |                    |            |                    |                     |                 |  |        |
|                      | are contr            |  | ly payment here and on line cured creditor in the 60 mon                                   |                    |            | at                 |                     |                 |  |        |
|                      | Nan                  | ne of each creditor fo   | r Vehicle 1  | Average mo payment | nthly      |                    |                     |                 |  |        |
|                      | Car                  | o1/poirs   |  | _ \$1              | 99.00      |                    |                     |                 |  |        |
|                      |                      | Total A  | Average Monthly Payment  | \$1                | 99.00      | Copy<br>here       |                     | 199             | 9.00 Repeat this amount on line 33b.           |        |
|                      |                      | cle 1 ownership or leas line 13b from line 13a.  Describe Vehicle 2: | e expense<br>if this amount is less than \$0   | ), enter \$0.      |            | \$                 |                     | 318.00          | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 318.00 |
|                      |                      |  | g IRS Local Standard   |                    |            | \$                 |                     | 0.00            |  |        |
|                      | Average<br>leased ve | , , ,  | I debts secured by Vehicle 2   | . Do not includ    | e costs fo | or                 |                     |                 |  |        |
|                      | Nan                  | ne of each creditor fo   | r Vehicle 2  | Average mo payment | nthly      |                    |                     |                 |  |        |
|                      | -NC                  | ONE-   |  | \$                 |            |                    |                     |                 |  |        |
|                      |                      | Total A  | Average Monthly Payment  | \$                 | 0.00       | Copy<br>here<br>=> | -\$                 | 0.0             | Repeat this amount on line 33c.                |        |
|                      |                      | cle 2 ownership or leas<br>line 13e from line 13d.                   | e expense<br>if this amount is less than \$0   | ), enter \$0       |            | \$                 | i                   | 0.00            | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
| 14.                  |                      |  | e: If you claimed 0 vehicles in ce regardless of whether you                               |                    |            |                    | standar             | ds, fill in the | e <i>Public</i> \$                             | 0.00   |
|                      | also dedu            | uct a public transportati  | on expense: If you claimed on expense, you may fill in water all Standard for Public Trans | vhat you believ    |            |                    |                     |                 |  | 0.00   |

Francis Napolitano

Debtor 1 Debtor 2 Francis Napolitano
Angeline Napolitano
Case number (if known)

| Oth | er Necessary Expenses  In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.   | s for |          |
|-----|--|-------|----------|
| 16. | <b>Taxes:</b> The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. |       |          |
|     | Do not include real estate, sales, or use taxes.   | \$    | 679.20   |
| 17. | <b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.   |       |          |
|     | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$    | 0.00     |
| 18. | <b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  | \$_   | 296.00   |
| 19. | <b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  |       |          |
|     | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  | \$    | 0.00     |
| 20. | Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or   |       |          |
|     | for your physically or mentally challenged dependent child if no public education is available for similar services.   | \$    | 0.00     |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  |       |          |
|     | Do not include payments for any elementary or secondary school education.  | \$    | 0.00     |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  |       |          |
|     | Payments for health insurance or health savings accounts should be listed only in line 25.   | \$    | 320.00   |
| 23. | <b>Optional telephone and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.                                    |       |          |
|     | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.   | +\$_  | 0.00     |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.  | \$    | 4,448.20 |

Debtor 1 Debtor 2 Francis Napolitano
Angeline Napolitano
Case number (if known)

| Add | itional Expense Dec  | ductions These are addition  | nal deductions                  | allowed by the                | e Means Test.  |      |      |
|-----|--|--|---------------------------------|-------------------------------|--|------|------|
|     |  | Note: Do not inclu   | ide any expens                  | se allowances                 | listed in lines 6-24.  |      |      |
| 25. | Health insurance, of insurance, disability your dependents.  | disability insurance, and hea insurance, and health savings          | Ith savings ac<br>accounts that | count expens<br>are reasonabl | ses. The monthly expenses for health<br>y necessary for yourself, your spouse, o | ır   |      |
|     | Health insurance   |  | \$                              | 0.00                          |  |      |      |
|     | Disability insurance   |  | \$                              | 0.00                          |  |      |      |
|     | Health savings acco  | punt   | + \$                            | 0.00                          |  |      |      |
|     | Total  |  | \$                              | 0.00                          | Copy total here=>  | \$   | 0.00 |
|     | Do you actually spen   | nd this total amount?  |                                 |                               | '  |      |      |
|     | _  | ch do you actually spend?  | Φ.                              |                               |  |      |      |
|     | Yes  |  | \$                              |                               |  |      |      |
| 26. | 6. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). |  |                                 |                               |  |      | 0.00 |
| 27. | 7. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |  |                                 |                               |  |      |      |
|     | By law, the court must keep the nature of these expenses confidential.   |  |                                 |                               | \$   | 0.00 |      |
| 28. | 8. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.   |  |                                 |                               |  |      |      |
|     |  | ou have home energy costs that excess amount of home energy          |                                 | in the home er                | nergy costs included in expenses on  |      |      |
|     |  | case trustee documentation of easonable and necessary.               | your actual ex                  | penses, and y                 | ou must show that the additional   | \$   | 0.00 |
| 29. |  | that you pay for your depender                                       |                                 |                               | e monthly expenses (not more than han 18 years old to attend a private or        |      |      |
|     |  | case trustee documentation of<br>lle and necessary and not alrea     |                                 |                               | ou must explain why the amount 23.   |      |      |
|     | * Subject to adjustm   | ent on 4/01/16, and every 3 ye                                       | ears after that f               | or cases begu                 | n on or after the date of adjustment.  | \$   | 0.00 |
| 30. | higher than the com  |  | nces in the IRS                 | S National Sta                | ctual food and clothing expenses are ndards. That amount cannot be more          |      |      |
|     |  | ring the maximum additional al<br>form. This chart may also be a     |                                 |                               |  |      |      |
|     | You must show that   | the additional amount claimed  | l is reasonable                 | and necessar                  | y.   | \$   | 0.00 |
| 31. |  | <b>ble contributions.</b> The amour gious or charitable organization |                                 |                               | ntribute in the form of cash or financial  | +\$  | 0.00 |
| 32. | Add all of the addit<br>Add lines 25 through   | tional expense deductions<br>n 31.                                   |                                 |                               |  | \$   | 0.00 |

Francis Napolitano Debtor 1 Debtor 2 **Angeline Napolitano** Case number (if known) **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home: Average monthly payment 33a. Copy line 9b here 2,044.00 Loans on your first two vehicles 33b. Copy line 13b here 199.00 33c. Copy line 13e here 0.00 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No -NONE-П Yes No Yes No ☐ Yes Copy total 2.243.00 2,243.00 33e. Total average monthly payment. Add lines 33a through 33d here=> 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure Monthly cure amount amount -NONE-÷ 60 = Сору total 0.00 0.00 Total | \$ here=> \$ 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims

 $0.00 \div 60 = \$$ 

|                 | ncis Napolitano<br>geline Napolitano  |                      | Case             | number ( <i>if known</i> | )              |                   |              |
|-----------------|---|----------------------|------------------|--------------------------|----------------|-------------------|--------------|
| For more        | e eligible to file a case under Chapter 13? 11 U.S.C. e information, go online using the link for <i>Bankruptcy</i> ons for this form. <i>Bankruptcy Basics</i> may also be avai                          | Basics specif        |                  |                          |                |                   |              |
| ■ No.           | Go to line 37.  |                      |                  |                          |                |                   |              |
| ☐ Yes.          | . Fill in the following information.  |                      |                  |                          |                |                   |              |
|                 | Projected monthly plan payment if you were filing ur  | nder Chapter         | 13 \$            |                          |                |                   |              |
|                 | Current multiplier for your district as stated on the lis<br>Administrative Office of the United States Courts (for<br>and North Carolina) or by the Executive Office for U<br>(for all other districts). | or districts in      | Alabama          |                          |                |                   |              |
|                 | To find a list of district multipliers that includes your the link specified in the separate instructions for this be available at the bankruptcy clerk's office.   |                      |                  |                          | Con            | y total           |              |
|                 | Average monthly administrative expense if you were  | e filing under       | Chapter 13       | \$                       | here           |                   |              |
|                 | I of the deductions for debt payment. es 33e through 36.  |                      |                  |                          |                | \$                | 2,243.00     |
| Total Dedu      | ctions from Income  |                      |                  |                          |                |                   |              |
| 38. Add all     | of the allowed deductions.  |                      |                  |                          |                |                   |              |
|                 | ne 24, All of the expenses allowed under IRS<br>se allowances   | . \$                 | 4,448.20         |                          |                |                   |              |
| Copy li         | ne 32, All of the additional expense deductions   | . \$                 | 0.00             |                          |                |                   |              |
| Copy li         | ne 37, All of the deductions for debt payment   | . +\$                | 2,243.00         | _                        |                |                   |              |
| Total d         | leductions  | \$                   | 6,691.20         | Copy total               | here=          | > \$              | 6,691.20     |
| art 3: De       | etermine Whether There is a Presumption of Abuse  | •                    |                  |                          |                |                   |              |
| 39. Calcula     | te monthly disposable income for 60 months  |                      |                  |                          |                |                   |              |
| 39a. C          | opy line 4, adjusted current monthly income   | . \$                 | 6,549.00         |                          |                |                   |              |
| 39b. C          | opy line 38, <i>Total deductions</i>  | - \$                 | 6,691.20         |                          |                |                   |              |
|                 | lonthly disposable income. 11 U.S.C. § 707(b)(2). ubtract line 39b from line 39a  | \$                   | -142.20          | Copy<br>here=>\$         |                | -142.20           |              |
| For the         | e next 60 months (5 years)  |                      |                  |                          | x 60           |                   |              |
|                 | · · · · · · · · · · · · · · · · · · ·   |                      |                  |                          | <br>]          |                   |              |
| 39d. <b>T</b> o | otal. Multiply line 39c by 60   | 39                   | d. \$            | 8,532.00                 | Copy<br>here=> | \$                | -8,532.00    |
| 40. Find ou     | it whether there is a presumption of abuse. Check   | the box that         | applies:         |                          | _              |                   |              |
| ■ The           | line 39d is less than \$7,475*. On the top of page 1 of   | of this form, c      | check box 1, The | re is no presi           | umption of a   | buse. Go to       | Part 5.      |
|                 | line 39d is more than \$12,475*. On the top of page 4 if you claim special circumstances. Go to Part 5.   | 1 of this form       | , check box 2, T | here is a pres           | sumption of    | <i>abuse.</i> You | may fill out |
| ☐ The           | line 39d is at least \$7,475*, but not more than \$12,  | <b>475*.</b> Go to ! | line 41.         |                          |                |                   |              |
|                 | t to adjustment on 4/01/16, and every 3 years after that  |                      |                  | a data of ==!:           | uatmant        |                   |              |

Debtor 1

| Debtor 1<br>Debtor 2 |        | ncis Napolitano<br>Jeline Napolitano  | Case                         | e number ( <i>if</i> | known)                  |                |                |
|----------------------|--------|---|------------------------------|----------------------|-------------------------|----------------|----------------|
| 41.                  | 41a.   | Fill in the amount of your total nonpriority unsecured debt. I A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the | Information                  | \$                   | .25                     | 7.             |                |
|                      | 41b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 70  | ( ) ( ) ( ) ( ) ( )          | \$                   |                         | Copy<br>here=> | \$             |
|                      |        | Multiply line 41a by 0.25   |                              |                      |                         | _              |                |
| 25                   | % of y | ne whether the income you have left over after subtracting all your unsecured, nonpriority debt. ne box that applies:   | allowed deduc                | ctions is            | enough to p             | oay            |                |
|                      |        | <b>39d is less than line 41b.</b> On the top of page 1 of this form, chec o Part 5.   | ck box 1, There              | is no pre            | esumption of a          | abuse.         |                |
|                      |        | 39d is equal to or more than line 41b. On the top of page 1 of the sumption of abuse. You may fill out Part 4 if you claim special circuits.  |                              |                      |                         |                |                |
| Part 4:              | Gi     | ve Details About Special Circumstances  |                              |                      |                         |                |                |
| reas                 | onable | ve any special circumstances that justify additional expenses e alternative? 11 U.S.C. § 707(b)(2)(B).  o to Part 5.  | ·                            |                      | ·                       |                |                |
| ЦΥ                   |        | Il in the following information. All figures should reflect your averag<br>ach item. You may include expenses you listed in line 25.  | e monthly expe               | nse or in            | come adjustn            | nent for       |                |
|                      | Yo     | ou must give a detailed explanation of the special circumstances the ecessary and reasonable. You must also give your case trustee do djustments.   |                              |                      |                         |                | •              |
|                      | C      | Give a detailed explanation of the special circumstances  | Ave or i                     | erage mo             | onthly expendidjustment | se             |                |
|                      | _      |   | \$                           |                      |                         |                |                |
|                      | _      |   | \$                           |                      |                         |                |                |
|                      | _      |   | \$                           |                      |                         |                |                |
|                      | _      |   | \$                           |                      |                         |                |                |
| Part 5:              | Sig    | gn Below  |                              |                      |                         |                |                |
|                      | _      | igning here, I declare under penalty of perjury that the information  | on this stateme              | nt and in            | any attachm             | ents is tru    | e and correct. |
|                      | X /s   | / Francis Napolitano X  | /s/ Angeline                 | Napolita             | ano                     |                |                |
|                      | Fr     | rancis Napolitano   | Angeline Na                  | politano             |                         |                |                |
|                      |        | -   | Signature of De              |                      |                         |                |                |
| Da                   | ate M  | arch 11, 2016         Date           M / DD / YYYY  | March 11, 20<br>MM / DD / YY | 16<br>YY             |                         |                |                |

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**

| 1 | 3. | -3 | 75 | 3 | 6 | 6 | Ĉ |
|---|----|----|----|---|---|---|---|
|   |    |    |    |   |   |   |   |

| Eas  | tern District of New Yorl   | K   |  |   |
|--|---|---|--|---|
| Francis Napolitano   |   | Casa No   |  |   |
| Апдение нароптано  | Debtor(s)   |   | 7  |   |
|  | Dector(s)   | Shapter   | _•   |   |
| DISCLOSURE OF COMPE  | ENSATION OF ATTOR   | RNEY FOR DE   | EBTOR(S)   |   |
| compensation paid to me within one year before the fili  | ng of the petition in bankruptcy,   | or agreed to be paid  | to me, for services rendered or  | to  |
| For legal services, I have agreed to accept  |   | \$  | 0.00   |   |
|  |   |   | 0.00   |   |
|  |   |   | 0.00   |   |
| The source of the compensation paid to me was:   |   |   |  |   |
| ■ Debtor □ Other (specify):  |   |   |  |   |
| The source of compensation to be paid to me is:  |   |   |  |   |
|  |   |   |  |   |
| (1 2/  |   |   |  |   |
| I have not agreed to share the above-disclosed com   | pensation with any other person   | unless they are mem   | bers and associates of my law fi   | m.  |
|  |   |   |  | L   |
| In return for the above-disclosed fee, I have agreed to r  | render legal service for all aspects  | s of the bankruptcy of  | ase, including:  |   |
| <ul> <li>Preparation and filing of any petition, schedules, state.</li> <li>Representation of the debtor at the meeting of credit.</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications.</li> </ul> | atement of affairs and plan which<br>tors and confirmation hearing, an<br>reduce to market value; exe<br>ons as needed; preparation   | may be required;<br>and any adjourned hea   | rings thereof;   |   |
|  |   |   | es, relief from stay actions   | or  |
|  | CERTIFICATION   |   |  |   |
| certify that the foregoing is a complete statement of an ankruptcy proceeding.   | ny agreement or arrangement for   | payment to me for re  | epresentation of the debtor(s) in  |   |
| arch 11, 2016  |   | od  |  |   |
| ate  |   |   |  |   |
|  |   | У   |  |   |
|  | 900 South Ave   |   |  |   |
|  | Ste 300   | 10211 2420  |  |   |
|  |   |   | 2  |   |
|  |   |   | •  |   |
|  | Name of law firm  |   |  |   |
|  | DISCLOSURE OF COMPE  Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filitie rendered on behalf of the debtor(s) in contemplation  For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due  The source of the compensation paid to me was:  Debtor Other (specify):  The source of compensation to be paid to me is:  Debtor Other (specify):  I have not agreed to share the above-disclosed compencopy of the agreement, together with a list of the nation return for the above-disclosed fee, I have agreed to an entering of credit of the debtor at the meeting of credit (other provisions as needed)  Negotiations with secured creditors to reaffirmation agreements and applications with secured creditors to reaffirmation agreements and applications of the debtor's, the above-disclosed fee (other provisions as needed)  Negotiations with secured creditors to reaffirmation agreements and applications of the debtor's, the above-disclosed fee (other provisions and filing of any petition).  Representation of the debtor's, the above-disclosed fee (other provisions as needed)  Negotiations with secured creditors to reaffirmation agreements and applications of the debtors in any diany other adversary proceeding. | Debtor(s)  Disclosure of Compensation of the debtor(s) in contemplation of or in connection with the ban For legal services, I have agreed to accept  Prior to the filing of this statement I have received  Balance Due  The source of the compensation be paid to me was:  Debtor Other (specify):  The source of compensation to be paid to me is:  Debtor Other (specify):  Thave agreed to share the above-disclosed compensation with any other person or copy of the agreement, together with a list of the names of the people sharing in the notaring and in filing of any petition, schedules, statement of affairs and plan which Representation of the debtor at the meeting of creditors an eached; preparation S22(f)(2)(A) for avoidance of liens on household goods.  By agreement with the debtor(s), the above-disclosed fee does not include the following Representation of the debtors in any dischargeability actions, judiany other adversary proceeding.  CERTIFICATION  Certify that the foregoing is a complete statement of any agreement or arrangement for ankruptcy proceeding. | Debtor(s)  Case No. Chapter  Disclosure of Compensation of Attorney For Debtor(s)  Disclosure of Compensation of Attorney For Deformance of the petition in bankruptey, or agreed to be paid or endered on behalf of the debtor(s) in contemplation of or in connection with the bankruptey case is as for For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due She source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The was agreed to share the above-disclosed compensation with any other person unless they are members copy of the agreement, together with a list of the names of the people sharing in the compensation is attain return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy of the agreement, together with a list of the names of the people sharing in the compensation is attain return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy of the agreement, together with a list of the names of the people sharing in the compensation is attain return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy of the agreement of the debtor's financial situation, and rendering advice to the debtor in determining whether to Preparation and filing of any petition, schedules, statement of affairs and plan which may be required: Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hea (Other provisions as needed) Negotiations with secured creditors to reduce to market value; exemption planning, reaffirmation agreements and applications as needed; preparation and filing of mot 522(f)(2)(A) for avoidance of liens on household goods.  By agreement with the debtor(s | Prancis Napolitano Angeline Napolitano Debtor(s) Chapter  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)  Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b). I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or the rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept \$ 0.00  Prior to the filing of this statement I have received \$ 0.00  Balance Due \$ 0.00  The source of the compensation paid to me was:  Debtor Other (specify):  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.  In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  Other provisions as needed!  Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of meeting many other adversary proceeding.  CERTIFICATION  Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions any other adversary proceeding.  CERTIFICATION  Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debto |

# United States Bankruptcy Court Eastern District of New York

13-3753666

| In re | Francis Napolitano<br>Angeline Napolitano |           | Case No. |   |
|-------|---|-----------|----------|---|
|       |   | Debtor(s) | Chapter  | 7 |

## **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | March 11, 2016 | /s/ Francis Napolitano             |
|-------|----------------|------------------------------------|
|       |                | Francis Napolitano                 |
|       |                | Signature of Debtor                |
| Date: | March 11, 2016 | /s/ Angeline Napolitano            |
|       |                | Angeline Napolitano                |
|       |                | Signature of Debtor                |
| Date: | March 11, 2016 | /s/ Gregory A Flood                |
|       |                | Signature of Attorney              |
|       |                | Gregory A Flood                    |
|       |                | Gregory A Flood                    |
|       |                | 900 South Ave                      |
|       |                | Ste 300                            |
|       |                | Staten Island, NY 10314-3428       |
|       |                | (718) 568-3678 Fax: (718) 568-3612 |

USBC-44 Rev. 9/17/98

Amex Dsnb 9111 Duke Blvd Mason, OH 45040

Bank of America Attn: Recovery Department 4161 Piedmont Pkwy Greensboro, NC 27410

Cap1/polrs 90 Christiana Rd New Castle, DE 19720

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Credt Srvs/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

Citibank Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citibank / Sears Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citibank Na Citicard Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citibankna Po Box 769006 San Antonio, TX 78245

Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054

Discover Student Loans Po Box 30948 Salt Lake City, UT 84130

Dsnb Bloomingdales Macy's Bankruptcy Dept. Po Box 8053 Mason, OH 45040

Dsnb Macys Macys Bankruptcy Department Po Box 8053 Mason, OH 45040

Kohls/capone Po Box 3115 Milwaukee, WI 53201

M & T Bank Attn: Bankruptcy 1100 Wehrle Dr 2nd Floor Williamsville, NY 14221

Synchrony Bank/Gap Attn: bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Lowes Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076 Synchrony Bank/TJX Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Td Banknorth Po Box 1190 Lewiston, ME 04243 Case 1-16-41034-ess Doc 1 Filed 03/15/16 Entered 03/15/16 13:12:11

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

### STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

Francis Napolitano

| <b>DEBTOR(S):</b>  | Angeline Napolitano  | CASE NO.:  |                   |
|--|--|--|-------------------|
|  | Local Bankruptcy Rule 1073-2(b), the debtor (Cases, to the petitioner's best knowledge, inform   | or any other petitioner) hereby makes the following disclosure nation and belief:  | ;                 |
| was pending at any t<br>spouses or ex-spouse<br>partnership and one<br>have, or within 180 ( | ime within eight years before the filing of the ness; (iii) are affiliates, as defined in 11 U.S.C. § 3 or more of its general partners; (vi) are partners | D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier can be petition, and the debtors in such cases: (i) are the same; (ii) 01(2); (iv) are general partners in the same partnership; (v) are hips which share one or more common general partners; or (vi ted Cases had, an interest in property that was or is included in | are<br>e a<br>ii) |
| NO RELATED   | CASE IS PENDING OR HAS BEEN PENDING  | G AT ANY TIME.   |                   |
| ☐ THE FOLLOWI  | NG RELATED CASE(S) IS PENDING OR HA  | AS BEEN PENDING:   |                   |
|  |  |  |                   |
| 1. CASE NO.:   | JUDGE: DISTRICT/DIVISION:  |  |                   |
| CASE STILL PEND  | DING (Y/N): [If closed] Da   | te of closing:   |                   |
| CURRENT STATU  | US OF RELATED CASE:(Disphere   | d/awaiting discharge, confirmed, dismissed, etc.)  |                   |
|  | , ,  |  |                   |
| MANNER IN WHI  | CH CASES ARE RELATED (Refer to NOTE a  | bove):   |                   |
|  | LISTED IN DEBTOR'S SCHEDULE "A" ("REFRELATED CASE:   | EAL PROPERTY") WHICH WAS ALSO LISTED IN  |                   |
| 2. CASE NO.:   | JUDGE: DISTRICT/DIVISION:  | <u> </u>   |                   |
| CASE STILL PEND  | DING (Y/N): [If closed] Da   | te of closing:   |                   |
| CURRENT STATU  | US OF RELATED CASE:(Discharge  | d/awaiting discharge, confirmed, dismissed, etc.)  |                   |
| MANNER IN WHI  | CH CASES ARE RELATED (Refer to NOTE of   | bove):   |                   |
|  | LISTED IN DEBTOR'S SCHEDULE "A" ("REFRELATED CASE:   | EAL PROPERTY") WHICH WAS ALSO LISTED IN  |                   |
| 3. CASE NO.:   | JUDGE: DISTRICT/DIVISION:  |  |                   |
| CASE STILL PEND  | DING (Y/N): [If closed] Da   | te of closing:   |                   |
|  |  |  |                   |

| DISCLOSURE OF RELATED CASES (cont'd)   |   |
|--|---|
| CURRENT STATUS OF RELATED CASE:  | Discharged/awaiting discharge, confirmed, dismissed, etc.)  |
| 1)   | Discharged/awaiting discharge, commined, dismissed, etc.)   |
| MANNER IN WHICH CASES ARE RELATED (Refer to                                  | o NOTE above):  |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:      | "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
|  | who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S AT                                    | TORNEY, AS APPLICABLE:  |
| I am admitted to practice in the Eastern District of New Yo                  | ork (Y/N):Y   |
| as indicated elsewhere on this form.  /s/ Gregory A Flood                    | er or debtor/petitioner's attorney, as applicable):  y case is not related to any case now pending or pending at any time, except           |
| Gregory A Flood Signature of Debtor's Attorney Gregory A Flood 900 South Ave | Signature of Pro Se Debtor/Petitioner   |
| Ste 300 Staten Island, NY 10314-3428 (718) 568-3678 Fax:(718) 568-3612       | Signature of Pro Se Joint Debtor/Petitioner   |
|  | Mailing Address of Debtor/Petitioner  |
|  | City, State, Zip Code   |
|  | Area Code and Telephone Number  |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

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